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MENTAL HEALTH - SANTÉ MENTALE | ***CONVICTION - CONDAMNATION***

P6 P31

INTERVIEWS-ENTREVUES

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The JUSTICE REPORT contains information of value to Association readers and the public interested in matters related to the administration of justice in Canada. Opinions expressed in this publication do not necessarily reflect the Association's views, but are included to encourage reflection and action on the criminal justice system throughout Canada.

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L'ACTUALITÉS JUSTICE renferme des renseignements utiles aux lecteurs de l'Association et au public qui s'intéressent aux questions relatives à l'administration de la justice au Canada. Les opinions qui sont exprimées ne reflètent pas nécessairement les vues de l'Association, mais y figurent afin d'encourager à réfléchir et à agir sur la justice pénale dans tout le Canada.

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JUSTICE

Vol.35 **ACTUALITÉS - REPORT** No.3

EDITORIAL - ÉDITORIAL • P4
By - Par Irving Kulik

• • • • • • • • • • • • • • • • • •

2021 Congress - Call for Papers • P6

Congrès 2021 - Appel de communication • P8

• • • • • • • • • • • • • • • • • •

CCJA INTERVIEW with Dr. Jon Friel (RPsych, AB) • P11
By Nancy Wright
Résumé français • P15

Medicalization of Mental Health in Canada: Beware of the DSM-5 • P16
By Dr. Jon Friel
Résumé français • P18

Time to Shift the Canadian Paradigm: Youth Justice Services and Trauma-Informed Care • P19
By Denise Michelle Brend and Delphine Collin-Vézina
Résumé français • P21

Québec's Unique Field of Psychoéducation • P22
By Noémie Caya and Annie Asmar
Résumé français • P24

Trauma-Informed Law: Addressing the Epidemic of Trauma in Criminal Justice • P25
By Helgi Maki
Résumé français • P29

• • • • • • • • • • • • • • • • • •

Reviews - NFB Documentaries on Criminal Justice • P30
By Sophie Piché, Catharine Pandila, and Review Editor Dr. John Winterdyk

CCJA INTERVIEW with Five of the Key Participants in Conviction • P31
By Nancy Wright
Résumé français • P36

The Consequences of Conviction for Imprisoned Women • P37
By D. Scharie Tavcer
Résumé français • P39

• • • • • • • • • • • • • • • • • •

COMING EVENTS - PROCHAINS ÉVÉNEMENTS • P42

EDITORIAL

IRVING KULIK
CCJA Executive Director

For the previous issue of the *Justice Report*, on May 3rd I wrote: "…most of us have been housebound for the past seven weeks". Today, September 13, marks six full months since the start of this lockdown on life as we know it. Time passes far more quickly in the rear view mirror, but the pressures have been enormous and even unbearable for some. This is not yet over and, in spite of our capacity to adapt, the physical and mental scars will be reminders for an awfully long time.

The impacts on citizens have also affected community organizations, charities, and other non-government associations. We at CCJA have been fortunate, thanks in large part to the work of our associates; office staff, Sarah and Olivia, who "safely keep the lights on" by working alternate days; Dianne, our bookkeeper who comes by the office when it is safe to do so; our contractors who help produce the *Justice Report*; and of course Nancy Wright, the editor of this publication. I must also hail the on-going excellent work of the CCJA Policy Review Committee (PRC) chaired by Howard Bebbington with the support of a large crew of volunteer members. The PRC has not missed a beat over the last six months and indeed has developed some excellent initiatives. In a coming issue, I will brief you on our Best Practices study in police use of force.

Nancy has put together not only another outstanding *Justice Report* but two interviews: (1) Dr. Jon Friel and (2) participants from the film *Conviction* which screened at Congress 2019 in Quebec City. As well, a new section is launched with film reviews by two students, Sophie Piché and Catherine Pandila (Mount Royal University – MRU, Calgary). *Conviction* deals with the challenges faced by women imprisoned in two Nova Scotia facilities, trying to successfully return to the community.

On the same subject, MRU's Dr. Scharie Tavcer, argues that successful reintegration of certain prisoners, particularly women, requires legislation mandating post-release community support. This appeared to be woefully absent in the case of the prisoners profiled in *Conviction*.

Dr. Friel, a long-standing CCJA member and contributor, warns against the medicalization of mental health and discusses the need for evidence-based therapies for trauma-affected children and adults. In his interview with Nancy, he promotes the need for a Canadian commission to substantiate and provide oversight of best practice measures.

Drs. Denise Michelle Brend and Delphine Collin-Vézina outline the harmful impacts of trauma found among youth and professionals involved with child welfare and youth justice and also discuss the establishment of the Canadian Consortium on Child & Youth Trauma. As well, Helgi Maki (JD) reports on a trauma-informed approach and specialized tools for the legal profession, while Noémie Caya and Annie Asmar (Ps. Eds) describe the innovative therapeutic approach of Quebec's unique field of Psychoéducation. I am sure you will find them all to be of interest.

Returning to my opening there is a glimmer of hope as we look forward to September 28, 2021 and the opening of our World Congress on Probation and Parole in Ottawa. We are keeping with this date and I encourage readers to submit abstracts for the Congress Programme until January 15. Details are available within this *Justice Report* and online. Stay safe and healthy.

ÉDITORIAL

IRVING KULIK
Directeur général de l'ACJP

Dans le numéro précédent d'*Actualités Justice*, le 3 mai, j'ai écrit : […] la plupart d'entre nous ont été confinés pendant les sept dernières semaines.» Aujourd'hui, le 13 septembre, six mois se sont écoulés depuis le début de cette mise en quarantaine de la vie telle que nous la connaissons. Le temps passe beaucoup plus vite en rétrospective, mais les pressions ont été énormes et même insupportables pour certaines personnes. Ce n'est pas encore terminé, et malgré notre capacité d'adaptation, les cicatrices physiques et mentales nous le rappelleront pendant très longtemps.

Les répercussions sur les citoyens ont également touché les organisations communautaires, les organisations caritatives et d'autres associations non gouvernementales. À l'ACJP, nous avons été chanceux, en grande partie grâce au travail de nos associés; de notre personnel de bureau (Sarah et Olivia qui « tiennent le phare en toute sécurité » en travaillant en alternance), de Dianne (notre commis-comptable qui vient au bureau lorsque c'est sécuritaire), de nos entrepreneurs qui nous aident à produire *Actualités Justice* et, bien sûr, de Nancy Wright, rédactrice de la présente publication. Je dois également saluer l'excellent travail continu du Comité d'examen des politiques (CEP) de l'ACJP, présidé par Howard Bebbington et appuyé par une grande équipe de membres bénévoles. Le CEP n'a raté aucune occasion au cours des six derniers mois; en effet, il a élaboré d'excellentes initiatives. Dans un prochain numéro, je vous informerai de notre étude sur les pratiques exemplaires dans le recours à la force par les policiers.

Nancy a préparé non seulement un autre numéro remarquable d'*Actualités Justice*, mais elle a également réalisé deux entrevues: (1) Jon Friel et (2) certains participants clés du film *Conviction*, présenté en première au Congrès 2019 à Québec. En plus, une nouvelle section est lancée avec des critiques de films de deux étudiantes, Sophie Piché et Catherine Pandila (*Mount Royal University*, Calgary). Le film *Conviction* traite des difficultés auxquelles se heurtent les femmes délinquantes, dans deux établissements de la Nouvelle Écosse, qui essaient de bien se réintégrer dans la communauté.

Sur le même thème, la professeure Scharie Tavcer, de la *Mount Royal University*, soutient qu'une bonne réinsertion de certains délinquants, en particulier les femmes, nécessite une législation obligeant un soutien communautaire après la libération. Cela semblait malheureusement absent dans le cas des femmes présentées dans le film *Conviction*.

Par ailleurs, M. Friel, membre et collaborateur de longue date de l'ACJP, met en garde contre la médicalisation de la santé mentale et évoque le besoin de thérapies fondées sur des données probantes pour les enfants et les adultes traumatisés. Dans son entrevue avec Nancy, il défend le besoin d'une commission canadienne pour motiver et surveiller les pratiques exemplaires.

Denise Michelle Brend et Delphine Collin-Vézina exposent les effets néfastes des traumatismes décelés chez les jeunes et les professionnels des milieux de l'aide à l'enfance et de la justice juvénile. En effet, elles annoncent la création du *Canadian Consortium on Child & Youth Trauma* (Consortium canadien sur les traumatismes chez les enfants et les jeunes). En outre, Helgi Maki (JD) rend compte d'une approche adaptée aux traumatismes et d'outils spécialisés pour la profession juridique. Enfin, Noémie Caya et Annie Asmar (Ps. Eds) décrivent l'approche thérapeutique innovatrice du domaine de la psychoéducation unique au Québec. Je suis sûr que vous les trouverez tous intéressants.

Pour en revenir à mon ouverture, il y a une lueur d'espoir alors que nous attendons avec impatience le 28 septembre 2021 l'ouverture de notre Congrès mondial sur la probation et la libération conditionnelle à Ottawa. Nous conservons cette date, et j'incite les lecteurs, qui ont jusqu'au 15 janvier, à présenter des résumés pour le programme du Congrès. Vous trouverez des détails dans le présent numéro d'*Actualités Justice* et en ligne. Restez en santé et en sécurité.

CALL FOR PAPERS

World Congress on Probation and Parole 2021

No One Left Behind: Building Community Capacity

September 28th - October 1, 2021 | **Delta Hotel - Ottawa (Ontario) Canada**

Please submit your proposals to CCJA by email (ccja- acjp@rogers.com), fax (+1 (613) 725-3720), or post (320 Parkdale Avenue, Suite #101, Ottawa (Ontario) Canada K1Y 4X9).

You are cordially invited to submit an abstract for a presentation at the 5th World Congress on Probation and Parole!

This international event is being organized by the Canadian Criminal Justice Association in collaboration with the Parole Board of Canada, Correctional Service Canada, Public Safety Canada, and the Royal Canadian Mounted Police. It will be held at the Delta Hotel in Ottawa, Ontario, Canada. Consider attending this networking opportunity to learn about the latest in probation and parole around the world.

The theme of the event will be "**No One Left Behind: Building Community Capacity**". This Congress will explore the challenges, opportunities and success stories involved in building community capacity and sustaining partnerships that support successful reintegration for diverse groups of offenders in an evolving global environment.

Academics, researchers, students, community-based organizations, practitioners, and policy leaders are invited to submit presentation proposals relating to one or more of the sub-themes listed below. Please note that elements within the sub- themes are not exclusive. Other subjects can be added if they are connected to the main theme of "No One Left Behind: Building Community Capacity".

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Sub-Themes

- Offenders with mental health needs
- Over-represented minorities
- Elderly offenders
- Disabled offenders
- Indigenous offenders
- High-risk offenders
- Staff training
- Building community capacity
- Partnerships
- Women offenders
- Radicalized offenders
- Young offenders
- Long-term offenders
- Public awareness strategies

Presentation Types

- WORKSHOPS
- SHORT PRESENTATIONS
- SCHOLARLY POSTER PRESENTATIONS
- DOCUMENTARIES, SHORT FILMS, PODCASTS

Organized by the Canadian Criminal Justice Association in collaboration with the Parole Board of Canada, Correctional Service Canada, Public Safety Canada, and the Royal Canadian Mounted Police.

APPEL DE COMMUNICATION

5e Congrès mondial sur la probation et la libération conditionnelle

Ne laisser personne de côté : renforcer la capacité communautaire

28 septembre au 1 octobre 2021 — **Delta Hotel - Ottawa (Ontario) Canada**

Veuillez présenter votre proposition à l'ACJP par courriel (ccja- acjp@rogers.com), par télécopieur (+1 613 725 3720) ou par la poste (320, avenue Parkdale, bureau 101, Ottawa (Ontario) Canada K1Y 4X9).

Vous êtes cordialement invités à présenter un résumé de présentation dans le cadre du 5e Congrès mondial sur la probation et la libération conditionnelle!

Cet évènement international est organisé par l'Association canadienne de justice pénale, en collaboration avec la Commission des libérations conditionnelles du Canada, Service correctionnel Canada, Sécurité publique Canada, et la Gendarmerie royale du Canada. L'évènement se tiendra au Delta Hotel, à Ottawa, en Ontario, au Canada. Pensez à participer à cette occasion de réseautage pour en savoir davantage sur les dernières avancées en matière de probation et de libération conditionnelle partout dans le monde.

Le thème de l'évènement sera « **Ne laisser personne de côté : renforcer la capacité communautaire** ». Dans le cadre de ce Congrès, on abordera les défis, les possibilités et les réussites touchant le renforcement de la capacité communautaire et le maintien de partenariats qui favorisent la réintégration efficace de divers groupes de délinquants dans un contexte mondial en évolution.

Des universitaires, des chercheurs, des étudiants, des organisations communautaires, des intervenants et des dirigeants politiques sont invités à présenter des propositions de présentation liée à l'un ou à plusieurs des sous-thèmes énumérés plus bas. Veuillez noter que les éléments des sous-thèmes ne sont pas exclusifs. D'autres sujets peuvent être ajoutés s'ils sont liés au thème principal « Ne laisser personne de côté : renforcer la capacité communautaire ».

APPEL DE COMMUNICATION

5e Congrès mondial sur la probation et la libération conditionnelle

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28 septembre au 1 octobre 2021 — **Delta Hotel - Ottawa (Ontario) Canada**

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Sous-thèmes

- Délinquants ayant des besoins en santé mentale
- Minorités sur-représentées
- Délinquants âgés
- Délinquants handicapés
- Femmes délinquantes
- Délinquants radicalisés
- Formation du personnel
- Délinquants à risque élevé
- Partenariats
- Renforcement de la capacité communautaire
- Délinquants autochtones
- Jeunes délinquants
- Délinquants à contrôler
- Stratégies de sensibilisation du public

Types de présentation

- ATELIERS
- BREFS EXPOSÉS
- PRÉSENTATION D'AFFICHES DE CHERCHEURS
- DOCUMENTAIRES, COURTS MÉTRAGES, BALADOS

Organisé par l'Association canadienne de justice pénale en collaboration avec la Commission des libérations conditionnelles du Canada, Service correctionnel Canada, Sécurité publique Canada, et la Gendarmerie royale du Canada.

JON PARSONS FRIEL, R. PSYCH (AB), PhD, has been working in private practice since 1990. He retired in 2001 after 32 years of Federal and Provincial Correctional Services working in various roles, such as superintendent at minimum security; assistant warden/max. security; child welfare officer, probation officer, parole officer (also as supervisor/district director); and, psychologist in various institutions such as jail, remand centre, and young offender centre. Dr. Friel holds a number of professional memberships – Canadian Association of Health Care Providers in Psychology; Alberta Association of Psychologists; College of Alberta Psychologists – and currently works for Oak Hill Ranch, Bon Accord, Alberta. Dr. Friel's educational background is equally diverse with two BA's from University of Saskatchewan (Socio. & Physed.), an MA in Education (School Guidance and Counseling Psychology) from University of Regina, and a PhD in Psychology from Honolulu University. Dr. Friel was born February 18, 1946 and lives in Alberta.

CCJA INTERVIEW WITH DR. JON FRIEL

NANCY WRIGHT

CCJA Interview: Alberta's Dr. Jon Friel (RPsych) elaborates on a call he made in Justice Report #34.2 (2019) advocating the establishment of a Canadian commission on best practices (i.e., evidence-based human services/programs for children, adolescents, and adults) encompassing provincial and federal carceral/residential/group home/foster care programs and post release. Dr. Friel points out that the ever increasing amount of yearly data from books and research on various methodologies to assist disenfranchised children, adolescents, and adults in Canada has no oversight other than peer-reviewed journals. These data are accepted as is by the general public and other relevant stakeholders. Professionals involved with care delivery in foster care, group homes and residential or carceral institutions, says Dr. Friel, have no hope of being able to make reasonable assessments as regards what works and what does not work, making public oversight of best practices a must.

INTRODUCING DR. JON FRIEL

Dr. Jon Friel (RPsych, Alberta) has been a member of the CCJA since 1987 and contributed several articles to the *Justice Report* over the years, including a trilogy on trauma-informed care. In Part 1, "On Being Trauma Informed Vis-à-vis Child / Adolescent Confined & Restrictive Care" (# 28.4, 2013), Dr. Friel identified a need for policy-makers and the general public to be trauma informed in order to recognize/support appropriate policy for traumatized youth. In Part 2, "An Approach for Those Who are Resistant to Treatment" (# 29.2, 2013), he reported on the complex problems faced by traumatized youth who are non-resilient and resistant to treatment, noting that the physical recall of past trauma can trigger unwarranted reactions and may require a restrictive-care model embracing a pre-treatment familiarization period before even looking at socialization, self-regulation, education, or other treatment plans or forms of therapeutic intervention. Finally, in "The Real World" (#29.3, 2014), Dr. Friel discussed a convergence of theory and models and called for the creation, support, and funding of a specific social policy specifically targeting our non-resilient, treatment-resistant, traumatized youth whether in residential care or in youth corrections.

In 2017, Dr, Friel's "The Second Brain: Understanding the Behaviour-Criminality Nexus" (#32.3, 2017) explored how the brain/mind behaviour relationship and the accepted use of medication for treating mental illness make neuroscience relevant to criminology. His article about the DSM-5 and the medicalization of mental health in this present edition offers more details on this trend. Finally, Dr. Friel's "A first step towards "what to do about prison care systems, child welfare systems and juvenile care systems" (# 34.2*,* 2019) asks the question *What do we do?* and points to the response to the ongoing crisis in child welfare in the U.S. (i.e., California Evidence-Based Clearing House for Child Welfare - CEBC) as a step in the right direction. However, Dr. Friel laments the lack of Canadian involvement in the CEBC and offers a critical review of one of the supported models (See Martha Holden, 2009, *Children and Residential Experiences, Creating Conditions for Change)*. Dr. Friel concluded that article with a call for the establishment of an evidence-based clearing house in Canada.

CCJA INTERVIEW WITH DR. JON FRIEL (RPSYCH, AB)

CCJA ◆ Welcome Dr. Jon Friel, and thank you for making time for this interview. In 2019, you advocated for a Canadian Commission on Best-Practices for models/programs used in the human services: foster care, group homes and residential or carceral institutions. ***Please tell our readers why the proposed Canadian Commission is needed?***

DR. FRIEL ◆ Overarching problem: The ever increasing amount of yearly data from either books or research on various methodologies to supposedly assist disenfranchised children, adolescents, adults within the authority of our provincial/territorial and federal governments has no oversight other than peer reviewed journals, but even then there is no public oversight to the merits of those methodologies that I am aware of at this point in time. I would refer you to any Library or any number of peer-reviewed Journals or conceptual models such as the residential care Sanctuary Model, or the Cognitive Behavioral model for juveniles and/ or related to various forms of addictions including substance abuse, domestic violence, behavioral management, parental training, any manner of mental health or mental disorders, along with types of provincial, federal, municipal and local/ community support services to these populations and you will note there is no public oversight for best practice review. These data are accepted as is. Professionals involved with care delivery in foster care, group homes and residential or carceral institutions don't have a hope of being able to make reasonable assessments as regards what works and what does not work.

Jane Kovarikova, currently a Doctoral Candidate at Western University in Ontario, grew up in foster care and understands what turning 18 and moving out of the social care system means. She knows this so well she wrote a report for the Ontario Government in 2017 on the topic of turning 18 and after-care needs: "Most governments do not track outcomes of after care because the system sort of ends at 18". Also in 2017, Kovarilkova started the Child Welfare PAC in Toronto to (among other) move governments to help kids after the age of 18 who have been in care.

Kovarikova's 2017 report about youth and after care in Ontario gave me pause to think: Why is this report not as positive as one might expect? Without getting overly detailed, I looked at the National Parole Board (2019) release figures and when NPB selects they do well in successful completions to end of a parole period but when people are simply released without NPB input there is variance of lack of success by about 30 percent.

What next came to mind was: What if any similarities are there for these two different population groups (i.e., minors in care vs prisoners)? What came to mind was they both have programs for rehabilitation and treatment and therapy. Next, I wondered if these residential and institutional programs really varied conceptually and - whether yes or no - the primordial question Why? remains: Why are we not more successful in our efforts with troubled human beings?

Correctional Service Canada (2018), which is essentially the federal two years-or-more sentenced inmate program support to the National Parole Board, which itself offers no programs, cites Public Safety as their main priority followed by Care and Custody of inmates and then provision of Rehabilitation and Reintegration of inmates with respect to their coming release date. These programs are clear about their aim which seems unilateral in nature; that is, helping youth and children return to their families and/ or a community support program and inmates find rehabilitation and reintegration programs for the same purpose. Both are similar in their goals: positive reentry of people to the community either by family or community social supports.

The question therefore is, why is the Ontario Child Advocate report and the Justice Statistic for statutory release concerning to me? It's because residential care and federal prison programs into which these reports Kovarikova (2017) & Statistics Canada (2018) delve are not achieving society's mandate of rehabilitation and reintegration of human beings. What to do?

Let us agree with Bessel van der Kolk (2014) that "the most urgent public health issue" is childhood trauma and disagree with Trieschman, Whittaker & Brendtro (1969) when they say, and I quote: "Helping children in residential care does not need to be a special treatment for disturbed children to be phased into their lives by highly trained and dedicated adults". To paraphrase the Canadian researchers Kouyoumdjian et al (2016), most

prisoners (about 8000 federal inmates; 14000 youth in custody) have witnessed family violence, been in contact with social services, had an absent parent, and half say they have been physically and sexually and emotionally abused.

We have known conclusively for two decades that the numbers are even higher among Aboriginal prisoners[1]: Approximately two-thirds of Aboriginal inmates said they had been adopted or placed into foster or group homes at some point in their childhood, compared to about one-third of non-Aboriginal inmates.

Finally, a systemic review carried out at McMaster University showed that "Half of people in prisons in Canada experienced abuse in childhood" and various implications for public health: "Prisons should incorporate trauma-informed approaches. Research is required to understand the association between a history of childhood abuse and criminal justice system involvement and to prevent childhood abuse and mitigate its adverse effects" (Bodkin et al., 2019). So, let us go with van der Kolk and drop Trieschman whether we are talking children, youth or adults.

CCJA ◆ *How would the proposed Canadian Commission differ from the California Clearing House, how would It be structured, and what would be its primary goal?*

DR. FRIEL ◆ In the U.S., "The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system" (www.cebc4cw.org). In other words, the CEBC wishes to improve the lives of children and families within the child welfare system of California with evidence based practices. Yes, they will look at many social service programs developed elsewhere and being delivered in California and elsewhere and so should Canada. CEBC uses a scientific rating scale from one to five. To illustrate, one is the best and three means you are a promising program but require research to confirm that is not just luck that got you there. In other words, is your program better than the Placebo effect? Five means you are a safety risk to your population. Funding is from the California Department of Social Services; Chadwick Centre for Children and Families and the Child and Adolescent Research Centre.

A Canada-wide commission is a good idea in the sense we can help each another from coast to coast to coast. In California the CEBC is a state initiative. In Canada, the Commission would expand the CEBC's examination of best practices in human services to include group homes, residential care and juvenile probation and all penal institutions. Canada has a progressive public education and public health care system so these areas should be under public review about best practices most of the time. Hence our Commission's reviews would be directly on models/programs and their delivery. A Canadian Commission wants to ensure that best practices in human services comes from relevant publications and peer-reviewed research; in so doing we will be reviewing made-in-the-USA data such as the DSM-5.

In sum it is best to have our own best practices in human services commission for our children and their families. Funding for the Commission as I see it would come from province/territory (for the sub-chairs, see below) and the federal government (for the Commission's activities). The organization needs to be Canada wide, have its own publication, and have directors (i.e., the Board) with many years of promoting work in the field of human services related to people who are without a voice in our adult/juvenile correctional facilities, group and child/adolescent residential care homes and foster care.

Five human resources would support the national chair OR regional subcommittee chairs: Two would come from universities, two from colleges and one from residential/group/foster care and would represent the five regions of Canada. The national Chair would oversee the reviews of data by way of regional subcommittee chairs in each province and territory. They would meet twice per year via teleconference (e.g., Zoom) to oversee the scientific rating scale or need for further research into programs being used within Child Welfare, Correctional Service of Canada, and by nongovernment agencies. Each sub-chair would also engage by way of honorarium two experts to assist with review of data, one being a statistician to see if the data is real or just luck and worth further research if required. A book written by the Canadian scientist, professor (U of Toronto), statistician, and author Jeffrey S. Rosenthal (2018[2]) makes a good point I find applies here - about when we see what looks to be great and real like DSM-5 texts; sometimes when the great and real are subject to statistics they lose their shine.

The primary goal of the Canadian Commission would also be to review, revise, and provide implementation assistance for care models related to child protection measures for minors and rehabilitations programs for prisoners and post release. By bringing together best practices for both the human and correctional services, the proposed Canadian clearinghouse would conduct literature reviews and rate interventions in a range of policy areas based on rigorous evaluation, including adult criminal justice, juvenile justice, mental health, substance abuse, early education, and child welfare. The Commission would function via an interactive website and provide a searchable database of evidence-based models and programs. As with the CEBC, the Canadian Commission would also constitute an educational tool for social work and psychology students - how to access, analyze, and interpret current research related to child welfare practice and help them apply their understanding of evidence-based practice to their work in the field.

Implementation would be hands on; the Canadian Best Practices/Evidence-Based Commission would send qualified individuals to identify and discuss the model/program favored for the given client by professionals in charge of their care in foster, group homes, residential facilities, and carceral institutions and also to demonstrate the use of a mandatory weekly intake form for each client, into which the client's history (family, school) would be entered along with demographic (personal/identification) information such as location (urban, rural); ethnic identity; citizenship status/history, educational attainment, mother tongue, and linguistic competency. A social worker/psychologist (foster or group homes, and residential care) or Psycho-educator, social worker or psychologist at the Correctional Service Canada facility would then complete weekly intake forms online for the given client, and the data would automatically be integrated into the client's permanent (confidential) electronic file.

The database would offer report functions available online to the national chair and the 13 sub-chairs, including reports identifying the model(s)/program(s) (i.e., in some cases, elements of more than one model/ program are employed), associated challenges and successes, and client progress. Revisions to and a progress/evaluation report on each model/program itself would also be available.

Over time, a wealth of data would be amassed on individual case experiences with the models/ programs and the various alternative-care facilities and prisons/jails. A copy of this data would be kept in an anonymous database, offering researchers/students a very extensive view of adult life outcomes vis-a-vis past experiences at school , in care, and/or in prison. All associated demographic (personal identification) information would be deleted for this anonymous database, except location (urban, rural); ethnic identity; citizenship status/history; educational attainment, mother tongue, and linguistic competency).

A centralized, pan-Canadian body would allow the kind of flexible introspection needed to meet the diverse needs of the children and youth who need help and would help reconstruct a system that will meet the needs of our most vulnerable citizens. A Canadian Commission on best practices across the human services, i.e. from foster care to penal institutions, for territorial, provincial and federal agencies would enjoy great longevity due to the never-ending research improprieties/lapses in human judgement/ human errors, which would be greatly reduced by the proposed Commission.

CCJA ◆ ***Is there any vetting/oversight of "best practices" in human services for children, teens, and adults? If not, what is the advantage, or perhaps no advantage, of having a national organization that is arms length from governments to vet treatment models for human services provided to children and teenagers and adults in federal, provincial and municipal social services care?***

DR. FRIEL ◆ Canada is evolving and so are human services programs, but progress is hindered by the fact that the responsibility for children and youth in the welfare system is provincial; there is no centralized child-welfare agency in Canada. In fact, Canada has no national plan (with priority) at all for disadvantaged children. Provincial developments began in 1893 with the enactment of the Act for the Prevention of Cruelty to aid Better Protection of Children in Ontario, which made possible the creation of semi-public organizations, such as the Children's Aid Societies, to legally care for neglected children. This Act made the abuse of children an indictable offence for the first time. It also promoted foster care, gave children's aid societies guardianship power, and established the office of the superintendent of neglected children (The Canadian Encyclopedia, Child Welfare in Canada, 2006 by M.J. Albert; edited in 2020 by J. Tatrie). Although there will always be some children and families who require the services of child protection agencies, there is general acceptance of the idea that a society that

provides opportunities for meaningful employment, adequate housing, universally accessible education and health care, and good child care for working parents will experience fewer child welfare problems.

As mentioned above, the ever increasing amount of yearly data from either books or research on various methodologies to supposedly assist disenfranchised children, adolescents, adults within the authority of our provincial/territorial and federal government has no oversight other than peer reviewed journals but even then there is no public oversight to the merits of that methodology that I am aware of at this point in time. An example might include the courts decisions about offenders and psychometrics. It is reported by CBC[3] news June 13, 2018 the Supreme Court of Canada found, in a 7–2 decision, that indigenous prisoners not be given a series of risk assessment instruments to gauge their risk to reoffend and potential for violence until the tools are proven to free of culture bias. If we had a Canadian Commission this decision could be followed up and ensure it is complied with by the CSC.

Pharmacology and mental disorders are big business and the linkage between good science and junk science is varied and wide. The issue of the Placebo effect (i.e., whether or not the 'sugar pill' outdoes the actual pill) is an ongoing issue due to the effect of money on costs to bring drugs for mental disorders to market and Big Pharm getting a return on their investment. People need to be informed of whether or not the studies supporting the therapy also include those studies that do not support the therapy. As well, suppression is an issue. There is a tendency amongst some researchers/lectures/book writers/editors to look for what they want to have happen and suppress negative data. Peer reviewed journals generally ask questions about what is being advertised and why and then how much that journal needs that advertising for funds to keep going.

Lectures: Institutions of higher learning for example may want professors or affiliates to go out and spread the word about some research they think will save the world. This is dangerous, as panaceas are few and hard to find and inferior or misleading information is being transmitted to the unknowing public and sometimes professionals like psychologists, social workers, teachers and doctors and psychiatrists. In summation, the term "Not aware" is the excuse most commonly used by people found out in terms of the preceding research improprieties and human lapses in judgement and human errors. For example, the DSM-5 is not a well-researched book, but all these professions still use it and might say they were not aware of that.

There are some interesting works out there about the problem of being a trauma- and pain-based-behaviour informed human service worker as opposed to labeling a child, teen or adult with a mental disorder and medicalizing the problem by way of the DSM-5 (see my article "Medicalization of Mental Health" in this issue of the *Justice Report*) or other standardization tool. Here is where we get into the problem of best practices and service delivery and see that the Canadian Commission would be a real benefit, given the paradox between trauma-informed care for pain-based behaviour on the one hand and medicalizing said behaviours as mental disorders on the other. A Canadian Commission on best practices in human services across all provinces, one that is arms-length from government and non-government and academia/universities...such a group would have the expertise and mandate to look at DSM-5/drugs vs. the various therapeutic interventions. ■

NOTES

1. According to the results of a project undertaken at the start of the second millennium as "a joint effort between Correctional Service Canada, the Assembly of First Nations, the Department of Justice Canada, the Department of Indian Affairs and Northern Development, Native Counselling Services of Alberta and the Aboriginal Healing Foundation. See CSC and Trevethan, Auger, & Moore, 2001, for the full research report).

2. Rosenthal. (2018). *Knock on Wood.* Toronto: *Harper Collins Canada.*

3. CBC. (13 June 2018). "Prison system failed to ensure security tests aren't racially biased against Indigenous inmates"; See also, *Ewert v. Canada*, 2018 SCC 30, [2018] 2 S.C.R. 165. Appeal Heard: October 12, 2017. Judgment Rendered: June 13, 2018.

RÉSUMÉ

CCJA Interview: Dr. Jon Friel (RPsych)

NANCY WRIGHT

Jon Friel (RPsych), de l'Alberta, donne des précisions sur un appel qu'il a lancé dans le numéro 34.2 d'*Actualités Justice* pour réclamer la création d'une commission canadienne sur les pratiques exemplaires (c. à d des services et des programmes sociaux fondés sur des données probantes à l'intention des enfants, des adolescents et des adultes) touchant les programmes provinciaux et fédéraux institutionnels, résidentiels, de foyers de groupe ainsi que de familles d'accueil et la sortie de ces programmes. M. Friel fait observer que le nombre sans cesse croissant de données annuelles tirées de livres et de recherches sur diverses méthodologies afin de soi disant aider les enfants, les adolescents et les adultes privés de leur droit au Canada n'ont que le regard d'autres revues à comité de lecture. Ces données sont acceptées telles quelles par le grand public et d'autres parties prenantes importantes. M. Friel explique que les professionnels qui offrent des soins dans les familles d'accueil, les foyers de groupe ainsi que les établissements de logement ou les pénitenciers ne pourront jamais évaluer de manière valable ce qui fonctionne et ce qui ne fonctionne pas, ce qui rend indispensable un examen public des pratiques exemplaires.

Medicalization of Mental Health in Canada: Beware of the DSM-5

DR. JON FRIEL
RPsych (AB)

Dr. Jon Friel issues words of caution over the U.S. standardized diagnostic tool for mental health, the DSM-5, critiquing its use of clusters of symptoms and lack of empirical evidence in defining mental disorders and emphasizes that assessing a client's mental health issues must always take into account their social context, cultural responses in the face of distress, family and other relationships, performance at school or work, age and maturity, and what they consider to be normal behavior when participating in important activities. Dr. Friel considers the impact on behaviour of flawed social settings, such as bullying in schools, violence/neglect/abuse in homes and at work, over-representation of certain groups in the CJS, etc. and asks if medication can be expected to fix such ills. On the one hand, notes Dr. Friel, experts are saying the problem is cultural and sociological (that pain-based behaviour requires trauma-informed care) but on the other you are medicalizing behaviour and emotions and categorizing the child or teen or adult with mental health issues on the basis of broad groups of symptoms. Since mental-health diagnostics is a complex process and requires skills that not all professionals possess, says Friel, a Canadian commission on evidence-based practices would provide critical support.

A few things have troubled me about the Diagnostic and Statistical Manual, which was incepted by the American Psychiatric Association about 67 years ago. Since then, the DSM-5 came into being but offers little medical evidence for the disorders listed, and it has been updated with a growing number of mental disorders identified since DSM-1 for adults, children, and teens. This is worrisome because family doctors, psychiatrists and others prescribe medications to adults, children, and teens – both in custody and the general community – against clusters of symptoms 'ordained' in the DSM-5. Those of us who still work in institutions and residential care facilities need at least to understand what the science behind the medications is versus the clusters of symptoms; yet, there is an appalling lack of science behind the DSM (2013) clusters of symptoms that serve to define the mental disorder (Davis, 2014). Others have criticized the DMS for its "processes of medicalization", which may fail in various ways to successfully define what is 'normal' behaviour—displays of emotions and behaviors that may be normal in one culture but not another (Kirmayer, 2005). This translates into a "need for a sociology of psychiatric critique" (Pickersgill, 2014).

The lack of guidance provided by the DSM-5 is further problematized by the fact of who is doing the prescribing in Canada and the fact that mental illness is on the rise here. The rates of psychiatric diagnosis and psychotropic prescriptions not just by psychiatrists but family doctors as well have increased rapidly (Davis 2014; Francis 2013). As well, it can be said that nearly a quarter of the general population meets a DSM criteria (Frances et al, 2013). Given the assumptions and lack of empirical evidence that inform the DSM number 5, this is a troubling perspective.

According to the Canadian Civil Liberties Union (2017), mental illness "accounts for 70% of disability costs" across "a variety of workplaces", noting also a "CBC report claiming that stigma surrounding mental health costs employers $20 billion a year" (CCLA, 9 February 2017). In addition, "Lack of access to mental health services and unfriendly

environments to discuss mental health lead to absenteeism, lack of productivity and rising claims among employees", which "can cost the Canadian economy upwards of $50 billion according to the Mental Health Commission" (CCLA, 9 February 2017).

In the criminal justice sector, mental health issues loom ever larger: Estimates suggest that rates of serious mental illness among federal offenders upon admission have increased by 60% to 70% cent since 1997", which means significant overrepresentation. This is further complicated by the fact that "law enforcement staff… are often inadequately trained to deal with mental illness" (JS). Unfortunately, therefore, the hope "that that health care providers, governments, communities, patients and their families will work together" to improve mental health in Canada (CMA/CPA, 2016) has fallen short.

WORDS OF CAUTION

Allen Frances, Chair of the DSM-IV Task Force came to be a remarkably prolific and vocal critic of proposed changes to the DSM. In a BMJ editorial" Frances warned that the DSM-5 would 'expand the territory of mental disorder and thin the ranks of the normal'… help[ing] to further 'medicalise' society: the "DSM-IV included a "bereavement exclusion" aimed at parsing out depression following grief that could be regarded as normal as opposed to mental illness. It specified "that major depression not be diagnosed in individuals within 2 months of the death of a loved-one" (p. 3). The DSM-5 Task Force removed this from the new manual based on the conviction that bereavement is not necessarily an excluding factor for clinically salient depression, and indeed is potentially a precipitating factor (Pickersgill, 2014). As noted earlier, the rates of psychiatric diagnosis and psychotropic prescriptions have increased rapidly not just by psychiatrists but family doctors as well (Davis 2014; Francis 2013).

While the 1994 DSM-IV offered a brief cautionary statement - "the proper use of these criteria requires special clinical training that provides both a body of knowledge and clinical skills" (p. xxvii) - the DSM-5 (p. 19, 2013) states that "recommendations for the selection and use of the most appropriate evidence-based treatment options are beyond the scope of this manual". When using the DSM-5, one needs to understand the client's social context, cultural responses in the face of distress, family and other relationships, performance at school or work, their age and maturity, and what they consider to be normal behaviour when participating in important activities (Davis, 2014; Mayo clinic 2019).

Who is qualified to prescribe drugs for mental illness in Canada? According to the CMA/CPA (2016) recommendations, "a variety of health care professionals with different skills and education" are qualified: "primary care physicians"; psychiatrists; "other physician specialists (emergency, pediatricians, geriatricians); other health professionals (psychologists, nurses, pharmacists, occupational therapists, social workers); and, case managers, peer support workers and system navigators". The better question might be, who in Canada is not qualified to prescribe drugs for mental health?

MEDICALIZATION OF TRAUMA-INFORMED/ PAIN-BASED BEHAVIOUR: A PARADOX

There are some interesting works out there about the problem of being a trauma-informed pain-based-behaviour human service worker. On one hand experts are saying the problem is cultural and sociological - pain-based behaviour – that requires trauma-informed care, but on the other you are medicalizing behaviour and emotions and categorizing the child or teen or adult with mental health issues based on broad groups of symptoms standardized by the DSM-5. If someone close to you dies, grieving is normal and sadness is normal and some melancholy is normal, one does not need DSM-5 criteria to identify and medicate these issues. Some things in life are difficult but normal.

Whichever side of the DSM debate you come out on, the hard truth is that DSM-5 is not research-based in general and that the diagnoses are standardized by committee, and the medications for 12 and under are not adequately researched (APA, 2013; Davis, 2014; Fax, 2016); Jacobs, 2016; Mayo Clinic, 2019; Kirmayer, 2005; Francis et al., 2013; Moffic, 2010; Sax, 2016).

According to Sax (2015), between 1993 and 2009 the use of antipsychotic (Risperdal and Seroquel for example) medications prescribed to children under twelve in the USA saw an increase of 700%. This indicates an emphasis on viewing 'antisocial' behaviour as brain based - as opposed to looking at the impact of trauma and pain on behaviour. "American kids are about 8.7 times more likely to be on these (psychiatric medications) compared with German kids; 56 times more compared with kids in

Norway and 93 times more likely compared to kids in Italy" (Sax, 2015).

CONCLUDING REMARKS

Distress in life is a common human condition (Jacobs, 2016). Associated with distress are everyday events such as life and death. Human life including school and work have rewards and failures accompanied by a myriad of culture-normed human emotions for grief, of sadness, love and hate, and real and unreal medical problems (Kirmayer, 2015). Our social context effects our everyday on-going mental health. Distress and illness are critical events but common events, and this fact cannot be disregarded by psychiatric or family doctors when classifying and diagnosing people and ordaining mental disorders by way of the DSM-5 clusters of symptoms (Davis 2014; Frances 2013; Jacobs 2016).

The question of what is consider normal for "we humans" is answered by the Mayo clinic (2019). Your normal mental health is considered your overall wellness: which is how you think, self- regulate your emotions, and of course how you behave in and out of social settings. So, you may have a mental health issue if and when there is a disturbance in this definition of normal mental health. This means that if our social settings are flawed - such as by bullying in schools, violence and childhood sexual abuse in homes, abuse in the work setting, overrepresentation in the criminal justice sector, poor decision-making in the social services sector, and inequity and social exclusion – human behaviour may be thrown off, but how can medication be expected to fix such ills?

The literature over the years since DSM manuals came into being has not been kind to the non-scientific development of the manual done by a select few while in committee with a lack of medical evidence to support the majority of the mental disorders. As noted above, when using the DSM-5, one needs to understand the client's social context, cultural responses in the face of distress, family and other relationships, performance at school or work, their age and maturity, and what they consider to be normal behavior when participating in important activities (Davis, 2014; Mayo clinic 2019). This can only be achieved with time and appropriate intake tools. In my opinion this present article supports the establishment of a Canadian Commission on evidence-based best practices in human services across Canada and aimed at adults, youth, teens, and children whether in custody, in care, or at home or school. ■

REFERENCES

DSM-IV. [American Psychiatric Association]. (1994). Diagnostic and statistical manual of mental disorders, Fourth Edition (DSM-IV). Washington (DC): American Psychiatric Association.

DSM-5. [American Psychiatric Association] (2013). Diagnostic and statistical manual of mental disorders. Diagnostic and statistical manual of mental disorders: Fifth Edition. Arlington, VA: American Psychiatric Association.

CAMH [Centre For Addiction and Mental Health]. (2013). Mental health and criminal justice policy framework. Toronto: CAMH. Retrieved from https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/mh_criminal_justice_policy_framework-pdf

CCLA. (9 February 2017). The current state of mental health in Canada. Canadian Civil Liberties Association (CCLA) / Association canadienne des libertés civiles. Toronto (ON): ©2020 CCLA. Retrieved from https://ccla.org/current-state-mental-health-canada/

CMA [Canadian Medical Association]/CPA [Canadian Psychiatric Association]. Joint statement on access to mental health care from the Canadian Medical Association and Canadian Psychiatric Association. © 2016 Canadian Medical Association and Canadian Psychiatric Association. Retrieved from https://policybase.cma.ca/documents/policypdf/PD16-04.pdf

Davis, J. (2014). *Cracked: the unhappy truth about Psychiatry*. New York/London: Pegasus.

Frances, A. & Raven, M (2013). Two views on the new DSM-5: The need for caution in diagnosing and treating mental disorders. American Family Physician 88(8). American Academy of Family Physicians. Retrieved from https://www.aafp.org/afp/2013/1015/od1.html

Jacobs, K.S. (2016). Debate on social change and mental health – against. Social context and mental health, distress and illness: critical yet disregarded by psychiatric diagnosis and classification. Indian Journal of Social Psychiatry 32(3, 9). pp. 243-248.

Kirmayer, L. (2005). *Culture, context, and experience in psychiatric diagnosis*, Psychopathology 38(4). pp 192-196. ©2005 S. Karger AG, Basel. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/16145273

Mayo Clinic. (2019). Mental health: What's normal, what's not. © 1998-2020 Mayo Foundation for Medical Education and Research (MFMER). Healthy Lifestyle: Adult Health. Retrieved from https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/mental-health/art-20044098

Moffic, H.S. (4 February 2010). Caution! Who should be the DSM-5 diagnostician? Psychiatric Times. MJH Life Sciences™.

Pickersgill, M.D. (2014). Debating DSM-5: Diagnosis and the sociology of critique. Journal of medical ethics 40(8).

Sax, L. (2016). *Boys adrift: The five factors driving the growing epidemic of unmotivated boys and underachieving young men*. [Updated edition]. New York: Basic Books.

Sax, L. (2015). Compared with children in Italy, children in the United States are about how likely to be on prescription antipsychotic medications such as Risperdal and Seroquel? About 90 times as likely. [Prescription Antipsychotic Medications]. Website. Pennsylvania: ©Leonard Sax 2015 – 2020. Retrieved from https://www.leonardsax.com/prescription-antipsychotic-medications/

Sax, L. (2015). *How we hurt our kids when we treat them like grown-ups*. New York: Basic Books.

RÉSUMÉ

Medicalization of Mental Health in Canada: Beware of the DSM-5

DR. JON FRIEL
RPsych (AB)

Jon Friel lance un avertissement à l'égard de l'outil diagnostic normalisé des États Unis; il critique l'utilisation des groupes de symptômes du DSM-5 et le manque de données empiriques. Selon M. Friel, cette situation est inquiétante parce les médecins de famille, les psychiatres et d'autres spécialistes prescrivent des médicaments aux adultes, aux enfants et aux adolescents, tant dans la population carcérale que générale, en se fondant sur les groupes de symptômes « décrétés » dans le DSM 5. L'évaluation des troubles de santé mentale d'un client doit toujours tenir compte de son contexte social, des réponses culturelles à la détresse, de la famille et des autres relations, du rendement à l'école ou au travail, de l'âge et de la maturité ainsi que de ce qu'il juge un comportement normal lorsqu'il participe à des activités importantes. Ce rapport est pertinent pour le secteur de la justice pénale où le taux de maladie mentale grave chez les délinquants sous responsabilité fédérale au moment de leur incarcération est passé de 60 % à 70 % depuis 1997.

Time to Shift the Canadian Paradigm: Youth Justice Services and Trauma-Informed Care

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Exposures to traumatic stressors occur at extremely high rates among children and youth involved with child welfare/ youth justice systems, and traumatic stressors can result in secondary traumatic stress among associated professionals. To date, Canadian TIC (i.e., trauma-informed care) initiatives have largely developed in isolation resulting in the duplication of work, slower service delivery, and higher implementation costs. To address these gaps 39 researchers, 18 collaborators, and 43 partner organizations from across Canada have been united, under the leadership of Program Director D. Collin-Vézina, to establish the Canadian Consortium on Child & Youth Trauma (CCCYT). These members will be co-developing resources, curating empirical and practical knowledge, training students and professionals. CCCYT resources include a network where questions can be asked, problems can be solved, and best practices can be advanced and made available to community groups, researchers, and policymakers Canada-wide.

Exposures to traumatic stressors occur at extremely high rates among youth involved with child welfare and youth justice systems. These experiences include: maltreatment (e.g., physical and sexual abuse, neglect, exposure to domestic violence), family dysfunction (e.g., parental substance abuse and mental health problems), as well as school- and community-based violence (Felitti et al., 1998; Finkelhor, Shattuck, Turner, & Hamby, 2015). The majority of youth involved with child welfare and youth justice show multiple exposures–by adolescence only 1-3% of young offenders have none to report (Baglivio et al., 2014; Cyr et al., 2012). It is well-established chronic, cumulative, psychological trauma occurring early in life can derail normative child development across cognitive, emotional, relational, and behavioral domains (Ford & Courtois, 2009). Indeed, exposure to trauma in childhood has been linked to numerous developmental challenges, including impairments to social-relational, emotional self-regulatory, and cognitive capacities (Van Nieuwenhove & Meganck, 2019), the occurrence of which increases exponentially in relation to the amount of traumatic experiences to which a child has been exposed (Felitti et al., 1998).

Although child welfare and youth justice settings are caring for children and youth impacted by child trauma, symptoms rather than sources are too often the targets of intervention (Substance Abuse and Mental Health Services Administration, 2014). Even in child welfare settings, where children have been placed due to maltreatment, the adversities that have led to impairments in their functioning are not consistently considered in their day to day care (Griffin et al., 2011; Zelechoski et al., 2013). Moreover, traumatic stressors in the lives of the children and youth served by these systems can result in secondary traumatic stress among the professionals who serve them (Cornille & Meyers, 1999; Regehr, Leslie, Howe, & Chau, 2005; Smith Hatcher, Bride, Oh, Moultrie King, & Franklin Catrett, 2011); which, in turn can cause numerous negative impacts including reduced service capacity, increased numbers of

placements, turnover among helping professionals, and high financial costs (Boyas, Wind, & Kang, 2012; Graef & Hill, 2000; Hébert, Lanctôt, & Turcotte, 2016; Middleton & Potter, 2015; Strolin-Goltzman, Kollar, & Trinkle, 2010; Tremblay, Haines, & Joly, 2016).

POST-TRAUMATIC STRESS WILL CONTINUE TO SIGNIFICANTLY UNDERMINE SERVICES FOR VULNERABLE CHILDREN AND YOUTH IF LEFT UNREMEDIED

To address this important social issue, a trauma-informed care (TIC) approach to practice and policy has gradually emerged to promote a culture of safety, empowerment, and evidence-based strategies towards healing for victims of child neglect and maltreatment (Ford & Courtois, 2013; Perry, 2006; SAMHSA's Trauma and Justice Strategic Initiative, 2014; Strand & Sprang, 2018). TIC, as we refer to it, includes trauma-and-violence-informed care (TVIC) which emphasizes the importance of considering interpersonal violence, systemic violence, structural inequities, and cultural safety alongside childhood trauma experiences, as a means to integrate a person's experiences of past and ongoing violence. TIC/TVIC is recognized by the Public Health Agency of Canada and Justice Canada for both victims and offenders (Canada, 2018; Lametti, 2019; Ponic, Varcoe, & Smutylo, 2018). The TIC movement is increasingly visible in newly developed advocacy and legislative frameworks (ACEs Connection, 2019; Bowen & Murshid, 2016) and global policies and approaches, such as the World Health Organization's violence prevention framework (World Health Organization, 2019).

TIC implementations are underway throughout Canada, with projects happening both at the practice and policy/legislative levels. However, facilitating a paradigm shift in the dominant approach to service provision is complex, processual, and sometimes contentious on top of being labor-, time-, and resource-intensive (Watt, 2017). To operationalize TIC many facets of our social service, healthcare, education, legal, and justice systems will need to be transformed (Bloom & Farragher, 2013). In addition, existing Canadian and international research has yet to adequately address the systemic inequity affecting Indigenous communities and other populations disproportionally exposed to violence and trauma (Becker-Blease, 2017; Birnbaum, 2019; Quiros & Berger, 2015). Responses to trauma depend on the way trauma itself is conceptualized, requiring attention to the intergenerational, cumulative, and intersectional experiences of colonization, racism, sexism, and poverty; and, empowering families, communities, and organizations in the transformation of systems that perpetuate harm (Birnbaum, 2019). More research is needed to understand how best to continually weave practical and research knowledge into an active process of approaches to child trauma and TIC. In brief, despite exciting advances in TIC, many gaps remain that hinder its optimal advancement across child-serving sectors. The development of new approaches through a shift in our collective paradigm towards healing and empowerment for all service users and staff is needed.

CONSORTIUM CANADIEN SUR LE TRAUMA CHEZ LES ENFANTS & ADOLESCENTS — CANADIAN CONSORTIUM ON CHILD & YOUTH TRAUMA

ESTABLISHMENT OF THE CANADIAN CONSORTIUM ON CHILD & YOUTH TRAUMA (CCCYT, 2020)

To date, Canadian TIC initiatives have largely developed in isolation resulting in the duplication of work, slower delivery of services, and higher implementation costs. To address these gaps 39 researchers, 18 collaborators, and 43 partner organizations from across Canada have been united, under the leadership of Program Director D. Collin-Vézina, to establish the Canadian Consortium on Child & Youth Trauma (CCCYT). Members of the CCCYT have spearheaded some of the most important Canada-based, highly funded research initiatives leading to significant progress in TIC practices and policies (e.g., revisions of provincial action plans and legislation; program evaluation of specific interventions). As members of the CCCYT they will be co-developing resources, curating empirical and practical knowledge, training students and professionals. CCCYT resources, including a network where questions can be asked, problems can be solved, and best practices can be advanced, will be made available to community groups, researchers, and policymakers Canada-wide.

The high prevalence of child trauma in youth protective and justice services is undeniable; as are the harmful impacts of child trauma on children, youth, and the professionals who care for them. Therefore, the evidence-base of services for these children and youth must be trauma-informed. TIC does not replace invaluable local knowledge accrued over time by professionals and policy makers across Canada–it strengthens our collective capacity to deliver effective services and sound policies for all children and youth impacted by trauma. The pervasiveness and harmful impacts of child trauma

suggest a comprehensive reconsideration of how prevention and healing are integrated into services for children, youth, and families. Child trauma also touches some not involved in the child welfare or youth justice systems. The CCCYT has therefore been formed to partner with schools, social services, child protection, young offenders' services, mental health and psychiatric services, the medical system, community organizations, and advocacy bodies. We look forward to fostering partnerships that will shift our collective paradigm further towards building resilience, restoring justice, healing, and the promotion of well-being for all Canadian children and youth. ■

REFERENCES

ACEs Connection. (2019). State ACEs action: The go-to location for ACEs activities in the states. from https://www.acesconnection.com/g/state-aces-action-group/collection/state-aces-resolutions-and-laws

Baglivio, M, Epps, N, Swartz, K, Huq, M, Sheer, A, & Hardt, N. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3(2), 1-23.

Becker-Blease, K (2017). As the world becomes trauma–informed, work to do. *Journal of Trauma & Dissociation*, 18(2), 131-138. doi: 10.1080/15299732.2017.1253401

Birnbaum, Shira. (2019). Confronting the Social Determinants of Health: Has the Language of Trauma Informed Care Become a Defense Mechanism? *Issues in Mental Health Nursing*, 1-6.

Bloom, S, & Farragher, B. (2013). Restoring sanctuary : a new operating system for trauma-informed systems of care.

Bowen, E, & Murshid, N. (2016). Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. *American Journal of Public Health*, 106(2), 223-229. doi: 10.2105/AJPH.2015.302970

Boyas, J, Wind, L, & Kang, S. (2012). Exploring the relationship between employment-based social capital, job stress, burnout, and intent to leave among child protection workers: An age-based path analysis model. *Children and Youth Services Review, 34*(1), 50-62. doi: https://doi.org/10.1016/j.childyouth.2011.08.033

Canada, Public Health Agency of. (2018). Trauma and violence-informed approaches to policy and practice. *Health-risks-safety*. Retrieved 20-11-2019, 2019, from https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html#s2

Canadian Consortium on Child & Youth Trauma (2020). Social Sciences and Humanities Research Council of Canada. Partnership Grant # 895-2020-1016.

Cornille, T, & Meyers, T. (1999). Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors. *Traumatology*, 5(1), No Pagination Specified.

Cyr, Katie, Chamberland, Claire, Lessard, Geneviève, Clément, Marie-Ève, Wemmers, Jo-Anne, Collin-Vézina, Delphine, . . . Damant, Dominique. (2012). Polyvictimization in a child welfare sample of children and youths. *Psychology of Violence*, 2(4), 385-400. doi: 10.1037/a0028040

Felitti, V, Anda, R, Nordenberg, D, Williamson, D, Spitz, A, Edwards, V, . . . Marks, J. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258. doi: 10.1016/S0749-3797(98)00017-8

Finkelhor, D, Shattuck, A, Turner, H, & Hamby, S. (2015). A revised inventory of Adverse Childhood Experiences. *Child Abuse & Neglect*, 48, 13-21. doi: 10.1016/j.chiabu.2015.07.011

Ford, J, & Courtois, C. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. Courtois & J. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 13-30): Guilford Press.

Ford, J, & Courtois, C. (2013). *Treating complex traumatic stress disorders in children and adolescents : scientific foundations and therapeutic models*. New York: The Guilford Press.

Graef, M, & Hill, E. (2000). Costing Child Protective Services Staff Turnover. *Child Welfare League of America*, LXXIX(5), 517-533.

Griffin, G, McClelland, Holzberg, M, Stolbach, B, Maj, N, & Kisiel, C. (2011). Addressing the impact of trauma before diagnosing mental illness in child welfare. *Child Welfare, 90*(6), 69-89.

Hébert, S, Lanctôt, N, & Turcotte, M. (2016). "I didn't want to be moved there": Young women remembering their perceived sense of Agency in the Context of placement instability. *Children and Youth Services Review, 70*, 229-237. doi: https://doi.org/10.1016/j.childyouth.2016.09.029

Lametti, D. (2019). What we heard - Transforming Canada's criminal justice system. In T. M. o. J. a. A. General (Ed.), *Reports and publications*. Canada.ca: Department of Justice.

Middleton, J, & Potter, C. (2015). Relationship between vicarious traumatization and turnover among child welfare professionals. *Journal of Public Child Welfare, 9*(2), 195-216.

Perry, B. (2006). Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics. In N. Webb (Ed.), *Working with traumatized youth in child welfare*. (pp. 27-52). New York, NY: Guilford Press; US.

Ponic, P, Varcoe, C , & Smutylo, T. (2018). Trauma- (and Violence-) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations. *Victims of Crime Research Digest*. 9.

Quiros, L, & Berger, R. (2015). Responding to the Sociopolitical Complexity of Trauma: An Integration of Theory and Practice. *Journal of Loss and Trauma, 20*(2), 149-159. doi: 10.1080/15325024.2013.836353

Regehr, C, Leslie, B, Howe, P, & Chau, S. (2005). Stress, trauma, and support in child welfare practice. *APSAC Advisor*, 17, 12-18.

SAMHSA's Trauma and Justice Strategic Initiative. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. (HHS Publication No. (SMA) 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration: Substance Abuse and Mental Health Services Administration.

Smith Hatcher, S, Bride, B, Oh, H, Moultrie King, D, & Franklin Catrett, J. (2011). An assessment of secondary traumatic stress in juvenile justice education workers. *Journal of Correctional Health Care*, 17(3), 208-217.

Strand, V, & Sprang, G. (2018). *Trauma responsive child welfare systems*. Retrieved from WorldCat database doi:10.1007/978-3-319-64602-2

Strolin-Goltzman, J, Kollar, S, & Trinkle, J. (2010). Listening to the Voices of Children in Foster Care: Youths Speak Out about Child Welfare Workforce Turnover and Selection. *Social Work, 55*(1), 47-53. doi: 10.1093/sw/55.1.47

Substance Abuse and Mental Health Services Administration. (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) *Series 57*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Tremblay, C, Haines, V, & Joly, J. (2016). Staff Turnover and Service Quality Within Residential Settings. *Human Service Organizations: Management, Leadership & Governance, 40*(1), 22-36. doi: 10.1080/23303131.2015.1085479

Van Nieuwenhove, K, & Meganck, R. (2019). Interpersonal Features in Complex Trauma Etiology, Consequences, and Treatment: A Literature Review. *Journal of Aggression, Maltreatment & Trauma, 28*(8), 903-928. doi: 10.1080/10926771.2017.1405316

Watt, T. (2017). Paradigm Shifts Don't Come Easy: Confrontations between the Trauma Perspective and the DSM in Mental Health Treatment for Abused and Neglected Children. *Journal of Child & Adolescent Trauma, 10*(4), 395-403. doi: 10.1007/s40653-017-0178-4

World Health Organization. (2019). Violence and injury prevention.

Zelechoski, A, Sharma, R, Beserra, K, Miguel, J, DeMarco, M, & Spinazzola, J. (2013). Traumatized youth in residential treatment settings: Prevalence, clinical presentation, treatment, and policy implications. *Journal of Family Violence, 28*(7), 639-652.

RÉSUMÉ

Time to Shift the Canadian Paradigm: Youth Justice Services and Trauma-informed Care

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L'exposition à des facteurs de stress traumatique se produit à des taux extrêmement élevés chez les enfants et les jeunes des systèmes d'aide à l'enfance et de justice juvénile, et les facteurs de stress traumatique peuvent entraîner un stress traumatique secondaire chez les professionnels associés. À ce jour, les initiatives canadiennes de soins adaptés au traumatisme ont surtout été élaborées isolément, ce qui a entraîné une duplication des travaux, une offre de services plus lente et des coûts de mise en œuvre plus élevés. Pour combler ces lacunes, 39 chercheurs, 18 collaborateurs et 43 organisations partenaires de partout au Canada ont été réunis, sous la direction de la directrice de programme, D. Collin-Vézina, pour établir le *Canadian Consortium on Child & Youth Trauma* (CCCYT) (Consortium canadien sur les traumatismes chez les enfants et les jeunes). Ces membres élaboreront conjointement des ressources, organiseront les connaissances empiriques et pratiques et formeront des étudiants et des professionnels. Les ressources du CCCYT comprennent un réseau où des questions peuvent être posées, des problèmes peuvent être réglés et des pratiques exemplaires peuvent être proposées et mises à la disposition de groupes communautaires, de chercheurs et de décideurs à l'échelle du Canada.

Québec's Unique Field of Psychoéducation

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Psychoéducation is a field of human sciences that emerged in the mid 1950s in Québec. The field was conceived in the context of live-in rehabilitation centres for children with severe emotional disorders and juvenile offenders between the ages of 15 and 18 following release from adult prisons. In the 1970s, educators in Québec recognized a need for a similar approach for youth exhibiting serious affective disorders and youth offenders as an alternative to incarceration. "Psychoéducation" became an official discipline with the creation of the École de Psychoéducation at Université de Montréal in 1972. In Québec today, psychoeducators work daily in diverse settings, including health and social services networks (e.g., community service centres, youth protection, rehabilitation centres); schools; private residences (i.e., people's homes); community organizations (e.g., transition houses, social reinsertion/ employment organizations and those serving immigrant populations); provincial daycare centres; supported housing (e.g., group homes, residential care, detention centers, shelters, transitional housing); multidisciplinary and/or private clinics, jails and prisons, psychiatric hospitals, and physical rehabilitation centres, among other. The therapy provided by psychoeducators is distinct from and complements that of other therapists working in the social and health sciences. A degree in Psychoéducation is currently only attainable at French universities in Québec but its practice has been expanded, by Correctional Service of Canada for example, into other provinces. This trend is likely to continue given the degree to which the work of its practitioners complements that of professionals from other spheres of human services.

The field of Psychoeducation emerged in Québec in the middle of the 1950s[1]. It met an urgent need to better serve children with severe emotional disorders as well as juvenile offenders between the ages of 15 and 18 upon release from adult prisons. The idea took hold after two priests, Albert Roger and Maurice Lafond, created summer camps (i.e., Boscoville) helping rehabilitate youth in conflict with the criminal justice system through everyday interactions. The idea of a permanent Boscoville then emerged, in Montreal's east end in 1947, with what would today be considered a group home (Grégoire, 2012). Notably inspired by the movie *Boys Town*, a story about a priest who founded a city to replace the juvenile justice system in the 1920s, the Boscoville day camp would become a place where juvenile offenders could learn how to balance freedom with responsibility.

This would lead, in the 1970's, to the establishment of Psychoéducation as a new scientific discipline that remains unique to Québec. In the beginning, psychoeducators mostly worked with teenagers exhibiting severely challenging behaviours. Its institutional approach for addressing delinquent behaviours has since progressed and widened into a science of prevention and intervention for children, youth, and adults whose social adjustment difficulties manifest as problematic behaviour.

Today's psychoeducators work daily in diverse settings including health and social services networks (e.g., community service centres, youth protection, rehabilitation centres); schools; private residences (i.e., people's homes); community organizations (e.g., transition houses, social reinsertion/ employment organizations and those

serving immigrant populations); provincial daycare centres; supported housing (e.g., group homes, residential care, detention centers, shelters, transitional housing); multidisciplinary and/or private clinics, jails and prisons, psychiatric hospitals, and physical rehabilitation centres, among other.

In the 1970's, when education was decentralized in Canada, Québec "Educators expressed concern at working with youth who exhibited more serious affective disorders, and who could not be adequately treated by the existing services. Intervening suitably with juvenile delinquents who would otherwise have been sent to adult correctional facilities was also a priority. Aiming to offer effective re-education programs to a diverse range of at-risk youth, Québec educators, with a strong sense of values and a willingness to perfect their clinical practice, they were led to further enhance methods and the quality of services delivered. The pioneers of Québec Psychoeducation (Jeannine Guindon, Gilles Gendreau and Euchariste Paulhus) worked within this very same spirit to expand their treatment model by drawing on knowledge from the fields of psychology, education and pedagogy to re-educate at-risk youth" (Bégin, Bluteau, Arseneault, and Pronovost, "Psychoeducation in Québec: Past to Present", June 2012).[2]

Psychoeducators work with diverse clienteles of all ages, such as (notably) individuals with attention deficit disorder (ADHD), conduct/ oppositional defiant disorder (ODD), and anxiety disorders, intellectual and physical impairments, Autistic Spectrum Disorder, addiction, as well as among the elderly. Psychoeducators often work in collaboration with other relevant professionals, such as psychologists, social workers, and occupational therapists. Psychoeducators combine their knowledge and observations with standardized tests to make a clinical hypothesis about the presence of symptoms that impair adaptive abilities but do not make diagnoses or prescribe medications. The work of a psychoeducator is complementary to that of these other professionals and, at times, the underlying theoretical frameworks are the same.

To become a practitioner, one must complete a master's degree in Psychoéducation and become an accredited member of the OPPQ (*Ordre des psychoéducateurs et psychoéducatrices du Québec - OPPQ*). The profession is regimented by Quebec's Professional Code (Art. 36 g) and the OPPQ. Using a rigorous assessment protocol, the psychoeducator identifies his or her client's strengths and needs and uses this intake to develop an individualized intervention plan, which aims to help the individual adapt to a specific environment.

The goals and methods of a given intervention plan are informed by the psychoeducator's clinical 'take' on the source of a client's difficulties. "This 'know-how', in psychoeducation, is expressed via eight professional processes as part of the methodology associated with a sense of thoroughness in clinical practice. The processes are clinical tasks performed within psychoeducative treatment contexts for and with at-risk people and people with social adjustment difficulties." A psychoeducator "adopts the principles of the Psychoeducational Intervention Method to create a re-education program" (Arseneault, Begin, Bluteau, and Pronovost, June 2012). In sum, guided by a specific methodology and referring to identified best practices, psychoeducators offer services aimed at helping their clients become more 'adapted' or 'rehabilitated' (e.g., more 'functional' within the environment in which their problematic behaviour manifests). The psychoeducator will also be guided by best practices derived from the *Revue Canadienne de Psychoéducation*[3] journal and *La pratique en mouvement*[4] magazine, among other scientific literature.

The object of tudy and intervention in the field of psychoeducation is bio-psycho-social adaptation. As stated by the field's forefathers, and reiterated in recent writings, there is a consensus that the human adaptative process can best be understood and assisted through psychoeducational assessment and therapy intervention (Guide d'évaluation pschoéducative (3rd Ed.), 2008 and 2010. Québec: OPPQ).

Psychoeducators thus pay close attention to the maladjusted individual's interactions with and within his or her environment(s); "The everyday life setting should be viewed as a global and dynamic system whose various elements exercise influence over each other, feed off each other and, concurrently, feed the intervention process" (Arseneault, Begin, Bluteau, Pronovost, June 2012a). Psychoeducators are thus trained to use their observations and interactions with their client as intervention levers for comprehensive follow up that favours internalization by the client of adaptive behaviour/skills. In a prison setting for example, this approach might involve revisiting and reinforcing a client's peaceful interactions with other inmates and helping the inmate-client explore the

personal impact, benefit, or consequence of this 'new behaviour'. When the interactions have been positive, the psychoeducator will encourage the client to repeat these behaviours and reinforce the need for the client to pay close attention to the impact this has, personally and for others.

The emergence of *Québec's Père-Enfant* (father-child) program is linked to research revealing that attachment through the preservation and support of parental involvement diminishes the risk of intergenerational criminality. The program involves eight group sessions combining lectures, experiential sharing, and practical exercises, according to different themes such as the role of a father and attachment in childhood development (Allard and Langlois, 2017[5]). The project was led, developed, and implemented under Jean-Sebastien Allard, B.A. (PsychoÉd.) and Véronique Langlois, B.A. (Psych.) in collaboration with *Université de Montréal*, *Université du Québec en Outaouais*, and *Université de Trois-Rivières* in 2004. It was implemented at the *Centre Résidentiel Communautaire Maison Radisson inc*. among inmates and their children in the aim of circumventing the risk of intergenerational criminality and reducing recidivism, which was important when one considers that a child whose parent has been incarcerated during his life would be five (5) to six (6) times more likely to be put to justice in turn (Barnhill, 1996[6]).

Psychoeducation may not be as well known among anglophones, as the training/education is only offered by French universities in Québec and practitioners must be accredited by the *Ordre des psychoéducateurs et psychoéducatrices du Québec*. Psychoeducation is nonetheless a growing profession gaining ground and serving individuals in English milieus in Québec, such as English public schools and, among other, in private homes (i.e., see Clinique GO operating in Montreal including Greater Montreal, Laval, Longueil, Montérégie and the North Shore of Montreal). As well, Correctional Service Canada (CSC) now hires rehabilitation (Psychoeducator) officers: "To join CSC as a rehabilitation officer, you must be licensed and be a member in good standing of the *Ordre des psychoéducateurs et psychoéducatrices du Québec (OPPQ)*; the *Ordre* allows members to work outside the province of Québec and supervise the practice".[7] Québec's field of Psychoéducation is likely to continue to expand given the success of its practice and the degree to which it complements that of other human-services professionals. ■

NOTES

1. Jacques C. Grégoire, l'article: « Grégoire, J.C. (2012). À propos de la psychoéducation, un bref aperçu historique. *Revue canadienne de psychoéducation*, 41(2), 121-136 (https://www.unipsed.net/ressource/c-historique-psychoeducation/).

2. See also "Psychoeducation in Québec: Past to Present (June 2012); Psychoeducation in Québec: A Psychoeducational Intervention Method (June 2012a); and Psychoeducation in Québec: An Overview of the Subject's Adaptive and Therapeutic Process (Nov. 2012). *Journal of Theories and Research in Education*. RBD. ©2012 Jonathan Bluteau, Catherine Arseneault, Jean-Yves Bégin, Jocelyne Pronovost.

3. *Revue Canadienne de Psychoéducation*. Montréal : Université de Montréal (http://www.revuedepsychoeducation.org/comite.html).

4. La pratique en mouvement. Digital magazine (since March 2017). Ordre des psychoéducateurs et psychoéducatrices du Québec.

5. *L'impact de l'incarcération et le programme Père-Enfant*. (2017). Revue Porte Ouverte. Québec : Association des services de réhabilitation sociale du Québec (asrsq.ca/en/porte-ouvert-magazine/criminalite-impacts-sur-les-proches/programme-pere-enfant).

6. Barnhill, S. (1996). The generation at risk: Imprisoned women, their children and the grandrnother caregivers. *Generation 20*: 39-41. [Cited in Allard, J-S & Langlois, V. (2017). L'impact de l'incarcération et le programme Père-Enfant. Montreal: Association des services de réhabilitation sociale du Québec (ASRSQ).

7. See, for example, Correctional Service Canada (CSC), 2020, csc-scc.gc.ca/health/002006-1000-eng.shtml.

RÉSUMÉ

Québec's Unique Field of Psychoéducation

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La psychoéducation est un champ des sciences humaines, qui a vu le jour au milieu des années 1950. Le champ a été élaboré dans le contexte des centres résidentiels de réadaptation pour les enfants souffrant des troubles émotionnels sévères et les délinquants juvéniles de 15 à 18 ans après leur libération de prisons pour adultes. Dans les années 1970, les éducateurs au Québec ont reconnu la nécessité d'avoir une approche similaire pour les jeunes présentant des troubles affectifs graves et les jeunes délinquants comme solution de rechange à l'incarcération. La « psychoéducation » est devenue une discipline officielle avec la création, en 1972, de l'École de psychoéducation à l'Université de Montréal. Dans le Québec d'aujourd'hui, les psychoéducateurs travaillent quotidiennement dans divers milieux, notamment les réseaux de la santé et des services sociaux (p. ex. centres de services communautaires, protection de la jeunesse, centres de réadaptation), les écoles, les résidences privées (p. ex. chez les gens), les organisations communautaires (p. ex. les maisons de transition, les organisations de réinsertion sociale ou d'emploi ainsi que les organismes desservant les populations d'immigrants), les centres de jour provinciaux, les logements supervisés (p. ex. foyers de groupe, soins en établissement, centres de détention, refuges, maisons de transition), les cliniques multidisciplinaires et privées, les prisons et les pénitenciers, les hôpitaux psychiatriques et les centres de réadaptation physique. La thérapie offerte par les psychoéducateurs est distincte et complémentaire de celles d'autres thérapeutes qui travaillent dans le domaine des sciences humaines et de la santé. Actuellement, il est possible de décrocher un diplôme en psychoéducation uniquement dans les universités francophones au Québec, mais la pratique de la psychoéducation s'est élargie, par Service correctionnel du Canada, par exemple, à d'autres provinces. Cette tendance devrait se poursuivre étant donné la mesure dans laquelle le travail de ses spécialistes vient compléter celui de professionnels d'autres sphères des services sociaux.

Trauma-Informed Law: Addressing the Epidemic of Trauma in Criminal Justice

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Trauma-informed justice within the legal profession is an approach that recognizes and ensures support for traumatized clients via specialized tools that range from psychologically informed methods of determining credibility to forensic experiential-trauma interview (FETI) methods and court-support resources ensuring defendants, witnesses and victims are able to provide accurate and complete testimony and feel safe testifying. No person or institutional stakeholder in the Canadian Criminal Justice System (CJS) is immune to the potential impacts of trauma, including police officers, lawyers, judges, correctional officers or public safety personnel (PSP) among other. Failure to respond to the many devastating costs of trauma erodes both the effectiveness and the fundamental objectives of the Canadian Criminal Justice System for all stakeholders.

There is a silent, costly and devastating epidemic affecting the Canadian criminal justice system: Trauma. Its impact erodes justice services and undermines the legal outcomes our criminal justice systems are designed to deliver. Trauma is a situation (whether present, past, ongoing or historical) in which the human capacity to respond is overwhelmed at the neurobiological, psychological, emotional, social (or interpersonal) and/or physical level. From a perspective of trauma-informed law, tragic circumstances including violence and other threats to life, liberty and security of the victim are often central to the issue of trauma and criminal justice.

The sources of traumatic experiences also include racism, ableism, discrimination, poverty, historical (e.g., generational) trauma, structural racism leading to over-policing, over-sentencing and over-representation in prisons of certain groups. Many if not most criminal cases involve situations or evidence likely to be sufficiently overwhelming to impart traumatic stress on a victim or witness, an accused person or offender, or a police officer, lawyer, judge, correctional officer or public safety personnel (PSP).

For the legal profession, trauma-informed justice is an approach that recognizes and ensures support for traumatized clients using specialized tools and approaches to legal practice that range from psychologically informed methods of determining credibility to forensic experiential-trauma interview (FETI) methods and court-support resources ensuring defendants, witnesses and victims are able to provide accurate and complete testimony and feel safe testifying. No person or institutional stakeholder in the Canadian Criminal Justice System (CJS) is immune to the potential impacts of trauma, including lawyers themselves, which can manifest through behavioral symptoms (such as the fight, flight or freeze response); emotional responses (rage, anger, anxiety, depression); psychological responses (gaps in memory or narrative, avoiding interpersonal interactions); or physical symptoms (cardiac or digestive diseases). “Legal professionals who represent clients who have been denied their equality rights or fundamental freedoms, consider

whether their clients have been traumatized, either by that denial or in the course of seeking justice. The law, even when marshalled to challenge discriminatory structures, can be experienced as stressful, damaging, violent or re-traumatizing" (Maki and Sheldon, 2019).

THE HIGH COSTS OF TRAUMA AND THE CRIMINAL JUSTICE SYSTEM (CJS)

The limitations on and barriers to access to justice imposed by trauma are complex and costly for the Canadian CJS. For instance, the victim or witness who avoids or delays reporting a crime because their memory of the events is fragmented from the effects of the trauma experienced; or consider the legal client who has difficulty retaining information, making critical decisions, or responding to a lawyer's requests for information. Trauma has other effects on criminal justice systems, including underreporting of crime; retraumatizing witnesses, victims or the accused. Trauma can also originate in the CJS, from disproportionate incarceration of certain groups and wrongful conviction to breaches of the right to information due to the impact of trauma on learning. At best, these dynamics decrease public confidence in the system. At worst, lack of trauma-informed processes and responses can lead to preventable deaths in custody, such as evidenced by the tragic death of Ashley Smith, among others, while in custody.

Critical Sources of Trauma

Viewing the complex issue of overrepresentation through a lens of historical and other types of intergenerational trauma as well as patterns of structural trauma reveals that people who experience childhood trauma including abuse, neglect, domestic violence or the mental illness, substance use, divorce, incarceration or death of a parent (called "adverse childhood experiences" or "ACEs"), are far more likely to be incarcerated or become victims of crime. The US National Institute of Justice estimates that childhood abuse or neglect increases the chance of youth justice system involvement by 59%. In the U.S., the Center for Disease Control and Prevention has found that adults who have experienced ACEs are 28% more likely to be involved in criminal behavior and 30% more likely to be involved in violent crime (CDC, 2019). In short, people affected by trauma are more likely to be involved in the justice system, and their needs as well as the needs of criminal justice professionals deserve to be met with trauma-informed and responsive tools.

"Members of equity-seeking communities are at even greater risk of experiencing trauma, including but not limited to persons with low-income, persons with disabilities, LGBTQ2 persons, Indigenous peoples, immigrants and refugees" (Maki and Sheldon, 2019). The sources of traumatic experiences thus also include "racism, ableism, discrimination and poverty [and historical and other forms of intergenerational trauma" among other (Maki and Sheldon, 2019). This is particularly relevant to Canadian CJS, as evidenced by calls by the Correctional Investigator of Canada, Ivan Zinger, for urgent action to respond to the Indigenization of the Canadian prison population in response to over-representation of Indigenous people in federal jails. In the past 10 years, the Indigenous prison population has increased by over 43%, while the non-Indigenous prison population has declined by over 13% (Zinger, 2020). In Canada, Indigenous people comprise over 30% of incarcerated people and about 24% of all homicide victims in Canada, which is extremely high considering Indigenous people comprise just 5% of the general Canadian population. Almost half (43%) of Canadian youth admissions to correctional services in Ontario are Indigenous youth (12 – 17 years old) (Statistics Canada, 2019). Only 1.5% of the 2.8% of Indigenous people living in Ontario are lawyers. Black people are also more likely to be arrested and jailed or become victims of crime (John Howard, 2017), and they constitute about 40% of homicide victims. Black people comprise over 3% of the general population in Canada but are 8.6% of the federal prison population (Sapers, 2017).

Impact of Trauma on the Legal Profession and Public Safety Personnel

Members of the legal profession may also be severely impacted by the effects of trauma, by exposure to graphic images/evidence. For example, the Ontario Superior Court Chief Justice Patrick LeSage who presided over the Paul Bernardo trial " didn't expect that the visual depiction of crime would be so traumatic … It was like being hit with a sledgehammer. It was a very traumatic experience to watch a crime being committed, particularly against wonderful, young children" (Makin, 2019). Trauma can thus be said to trigger or exacerbate well-documented risks and tendencies that can lead legal

professionals to burnout and other mental health issues. Canadian judicial commentary regarding the importance of handling disturbing evidence in a sensitive and trauma-informed manner also exists. The commentary in Justice Patrice F. Band's decision in *R. v. Marratt* (2019) supports the need to consider trauma-informed strategies for legal professionals handling evidence involving child pornography:

> "[8] Science shows, and it stands to reason, that frequent and repeated trauma can lead to more serious and lasting impacts on our mental health. This can include decreased productivity, work-avoidant behaviour, work absence, interpersonal problems, relationship difficulties, depression and substance abuse, among others [… 20] From a broader institutional perspective, thought should be given to establishing procedures to flag such matters at the pre-trial or scheduling stage in order to allow time for staffing decisions to be made in a trauma-informed and sensitive way. I believe that, as members of the judiciary, we should also encourage and participate in continued research in this field should such opportunities arise. By taking the lead in this area, we can hope to develop a trauma-informed approach not only to procedure but also quite possibly to the rules of evidence". (*R. v. Marrat*, 2019 ONCJ 618))

The Canadian criminologists Rose Ricciardelli, R. Nicholas Carleton, Dianne Groll and Heidi Cramm (2018) explored trauma vis-a-vis the reports of over 800 volunteer Public Safety Personnel (PSPs) on extensive trauma exposure, including direct and secondary trauma with impacts ranging from physical distress (pain and disease) to psychological issues (anxiety, anger or crying), social or interpersonal effects (social avoidance or exclusion and relationship breakdown), and "fatalistic attitudes; specifically, they felt that nothing would change, that they had no voice, and that both their employer and the different levels of government did not care about their well-being" (Ricciardelli et al.).

CALLS FOR ACTION ON TRAUMA-INFORMED LAWYERING

Many Canadians, including legal professionals and trauma experts have called upon the Canadian criminal justice system to implement trauma-informed approaches to justice. Over fifteen of the Calls for Justice set out in the *Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* call for trauma-informed services relating to criminal justice (Truth and Reconciliation Commission of Canada, 2015). In British Columbia, three provincial Justice Summits (convened annually at the Attorney General's invitation) have considered how to incorporate research on the neurobiology of violent trauma into justice system responses and otherwise incorporate trauma-informed approaches. "The traditional indicia of credibility, for police and for the court, are nearly impossible for trauma victims, including the ability to remember and relate detail; to be able to recount events in a linear, chronological fashion; and to exhibit expected affect (BC 5th Justice Summit, 2015)".

The Continuing Legal Education Society of BC's training seminars on trauma-informed lawyering as a critical competency are led by "former prosecutor and Indian Residential School adjudicator Myrna McCallum", who created a forthcoming Trauma-Informed Legal Practice Manual for the Golden Eagle Rising Society and a podcast called "The Trauma-Informed Lawyer" (CBA, 2020). In an interview with CBA's National Magazine, McCallum explained how she first became aware of these issues:

> "It was only after I became a Crown prosecutor and even more after I became an adjudicator in residential school claims that I began to be introduced to the concept of trauma – not just how it shows up in clients or in witnesses, but how it was showing up in me… I think law students should be taught about trauma and how to protect themselves when they're dealing with traumatized clients… most lawyers do not have training on psychological trauma. We are not expecting them to be therapists. But having an understanding of why your most difficult clients behave the way they do can be very helpful. We call this becoming 'trauma informed.'" (Burkholder-James, March 2019).

In the Northwest Territories, the Yellowknife lawyer Peter Harte has advocated for trauma-informed approaches to justice for clients whose behaviors and decisions may be rooted in trauma including the impact of the residential school system: "the people we're dealing with in court, for the most part, find themselves there because of the trauma history that has taken place in their childhood…N.W.T and Nunavut have the highest crime rates in Canada. Those crimes almost always involve individuals who are on the receiving end of violence or who are experiencing violence a witnesses…and every time a violence offence takes place, there are ripple effects.

More and more people end up traumatized" (CBC.ca, September 2018).

At a conference held in Yellowknife in 2018, "Prosecutors, defence attorneys, corrections officials, police officers and others in the justice system gathered… to get a better understanding of the long-term effects of trauma" (Gleeson, 2018). In "The presentation on the neurochemistry of trauma[,] organized by the N.W.T. chapter of the Canadian Bar Association and spearheaded by defence lawyer Peter Harte", the trauma expert and clinical therapist Dr. Haskell and Kim Barthel, an occupational therapist, both of whom work in multiple jurisdictions in Canada, reported "that early childhood trauma for neglect or abuse, sets up people to be dominated by the instinctive, unthinking survival responses humans have evolved over hundreds of millions of years" and "conditions children's brains to be in a constant state of fight-or-flight, or hyper-vigilance" (Gleeson, 2018).

Dr. Haskell and an Ontario law professor, Dr. Melanie Randall, have written extensively about the impact of trauma on adult sexual assault victims (Haskell & Randall, 2019). The Canadian Department of Justice has numerous publications and extensive research on issues involving trauma and advocates for trauma-and violence-informed approaches to supporting victims of violence[1]. In February 2020, the Minister of Justice introduced an Act to amend the Judges Act and the Criminal Code (Bill C-5, formerly private member Bill C-337) to increase the confidence of both the general public and sexual assault survivors in the criminal justice system, which is expected to include training regarding the impact of trauma on survivors and their testimony (Department of Justice, 2 Feb. 2020). In contrast, the U.S. has introduced many bills regarding the impact of childhood trauma and many jurisdictions have introduced trauma-informed legislation and policies, including California, Florida, Illinois, Massachusetts, Oregon, and Washington. The Canadian CJS, however, has yet to move decisively from talk to action. Few legislative or policy initiatives to support criminal justice stakeholders affected by trauma exist yet in Canada. The pending legislation (Bill C-5) to ensure that judges participate in training on sexual assault law and social context is a rare Canadian example of measures to address trauma.

TAKING ACTION ON TRAUMA TO MEET KEY CRIMINAL JUSTICE SYSTEM OBJECTIVES

Collaborative education training, education, research, and policies regarding best practices for dealing with trauma are necessary to ensure that crucial insights about the impacts of trauma are used to accomplish the Canadian criminal justice system's objectives. Since trauma potentially affects a majority of criminal justice system stakeholders, how can we uphold the objectives of the Canadian criminal justice system including safety, fairness, confidence in the system and respect for victim and survivor rights or needs and reduce the over-representation of number of Indigenous people, among others? Inequitable access to justice, revictimization, overincarceration, ruptured public confidence, and potential mental-health challenges for personnel in the Canadian criminal justice system are just of a few of the social and economic costs of trauma. Many of the lessons from the COVID-19 pandemic regarding the possibilities for responsive accommodation in the system, from the system's capacity for virtual court hearings to responding to the health needs of incarcerated individuals, provide practical and accessible strategies to begin urgently moving from talk to action towards Canada's long overdue response to the epidemic of trauma and the concurrent loss of public confidence in the Canadian Criminal Justice System. Failure to respond to the many devastating costs of trauma erodes both the effectiveness and the fundamental objectives of the Canadian Criminal Justice System for all stakeholders. ■

NOTES

1. See, for example, publications available on the DoJ website including numerous editions of the *Victims of Crime Research Digest* at https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/index.html

REFERENCES

BC 5th Justice Summit. (2015). "Fifth justice summit report of proceedings. Retrieved from https://www.justicebc.ca/app/uploads/sites/11/2016/03/FifthJusticeSummitReport.pdf

Burkholder-James, C. (March 2019). "Vicarious trauma in the legal profession," CBA National Magazine. March 21, 2019. https://www.nationalmagazine.ca/en-ca/articles/the-practice/workplace/2019/vicarious-trauma-in-the-legal-profession

Cbc.ca. (September 2018). "What is trauma-informed justice? Yellowknife lawyer says more people need to know about it". CBC News. Retrieved from https://www.cbc.ca/news/canada/north/trauma-informed-justice-1.4815979

CDC [Centers for Disease Control and Prevention]. (nd). Infographic: 6 guiding principles to a Trauma-informed approach. Center for Preparedness and Response. Centers for Disease Control and Prevention. U.S. Department of Health & Human Services. Retrieved from https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

CDC [Centers for Disease Control and Prevention]. (2019). "Preventing adverse childhood experiences (ACEs): Leveraging the Best Available Evidence". Georgia, USA: Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

Department of Justice. (7 February 2020). "Bill C-5: An Act to amend the Judges Act and the Criminal Code". Retrieved from: https://www.justice.gc.ca/eng/csj-sjc/pl/charter-charte/c5.html

Department of Justice. (2 Feb. 2020). "Government of Canada introduces legislation to ensure judges participate in training on sexual assault law and social context".

Department of Justice Canada. Retrieved from https://www.canada.ca/en/department-justice/news/2020/02/government-of-canada-introduces-legislation-to-ensure-judges-participate-in-training-on-sexual-assault-law-and-social-context.html

Department of Justice Canada. (2019). "State of the Criminal Justice Framework". Received from https://www.justice.gc.ca/eng/cj-jp/state-etat/index.html

Truth and Reconciliation Commission of Canada. (2015). *Final report of the Truth and Reconciliation Commission of Canada: Summary : honouring the truth, reconciling for the future*. Winnipeg: Truth and Reconciliation Commission of Canada.

Gleeson, R. (11 Sep. 2018). Trauma can change brain chemistry, expert says. CBC. ca. Retrieved from https://www.cbc.ca/news/canada/north/nwt-trauma-informed-justice-1.4818663

Haskell, L. (2007). "Coping with abuse leads to psychological adaptations". *Canadian Journal of Psychiatry 3*(2).

Haskell, L. and Randall, M. (2010). "Disrupted attachments: a social complex trauma framework and the lives of aboriginal peoples in Canada". *Journal of Aboriginal Health 5*(3).

Haskell, L. and Randall, M. (2019). "Impact of trauma on adult sexual assault victims". Report submitted to Justice Canada. Department of Justice Canada. Government of Canada.

John Howard Society of Canada. (2017). Race, Crime and Justice in Canada. Blog. Kingston, ON: The John Howard Society of Canada. Retrieved from https://johnhoward.ca/blog/race-crime-justice-canada/.

Law Society of Ontario (2016). "Statistical Snapshot of Lawyers in Ontario from the Lawyer Annual Report (LAR) 2016). Retrieved from http://annualreport.lsuc.on.ca/2017/common/documents/Snapshot-Lawyers18_English.pdf.

Maki, H. and Sheldon, C.T. (2019). "Trauma-Informed strategies in public interest litigation: avoiding unintended consequences through integrative legal perspectives". *Supreme Court Law Review 65*.

Ricciardelli, R. Carleton, R.N., Groll, D. and Cramm, H. (2018). Qualitatively unpacking Canadian Public Safety Personnel experiences of trauma and their well-being. *Canadian Journal of Criminology and Criminal Justice 60*(4): 1-12. Ottawa: Canadian Criminal Justice Association (CCJA). Available at https://www.researchgate.net/publication/324370642_Qualitatively_Unpacking_Canadian_Public_Safety_Personnel_Experiences_of_Trauma_and_Their_Well-Being

Makin, K. (14 Aug. 2019). "Judges live in torment, study finds". The Globe and Mail. Copyright © 2002 Bell Globemedia Interactive Inc. Retrieved from http://www.fact.on.ca/news/news0208/gm020814.htm

Prewitt, E. "States produce a bumper crop of ACEs Bills in 2017 – nearly 40 Bills in 18 states", online: State ACES Action.

R. v. Marratt. (2019). Ontario Court of Justice 618. Sections IV (8) and V(20). 2019-09-25. Retrieved from https://www.canlii.org/en/on/oncj/doc/2019/2019oncj618/2019oncj618.html

R. v. Marratt. (2019. ONCJ 618. Court of Appeal of Ontario. CANLII. Retrieved from www.canlii.org/en/on/oncj/doc/2019/2019oncj618/2019oncj618.html?autocompleteStr=marrat&autocompletePos=1],

Sapers, H. [The Correctional Investigator of Canada]. (2017). Annual Report: Office of the Correctional Investigator, 2016-17. Retrieved from https://www.oci-bec.gc.ca/cnt/rpt/index-eng.aspx

Statistics Canada. (2019). "Adult and youth correctional statistics in Canada, 2017/2018". Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00010-eng.htm

Zinger, I. [Correctional Investigator of Canada]. "Indigenous people in federal custody surpasses 30%: Correctional Investigator issues statement and challenge". Office of the Correctional Investigator of Canada. Retrieved from: https://www.oci-bec.gc.ca/cnt/comm/press/press20200121-eng.aspx

RÉSUMÉ

Trauma-Informed Law: Addressing the Epidemic of Trauma in Criminal Justice

HELGI MAKI
JD, MA

La justice adaptée aux traumatismes dans la profession juridique est une approche qui reconnaît et soutient les clients traumatisés au moyen d'outils spécialisés qui vont de méthodes psychologiques visant à déterminer la crédibilité aux méthodes d'entrevue judiciaire lors de traumatisme expérientiel (EJTE) et aux ressources en matière de soutien judiciaire visant à garantir que les défendeurs, les témoins et les victimes sont en mesure d'offrir un témoignage exact et complet et ne craignent pas de témoigner. Aucun individu ni aucun acteur institutionnel du système de justice pénale du Canada (SJP) n'est à l'abri des conséquences potentielles d'un traumatisme, y compris les policiers, les avocats, les juges, les agents correctionnels ou le personnel de sécurité publique, pour ne nommer que ceux là. À défaut de répondre aux nombreux coûts dévastateurs des traumatismes, l'efficacité et les objectifs fondamentaux du SJP s'effritent pour toutes les parties prenantes.

REVIEWS - NFB DOCUMENTARIES ON CRIMINAL JUSTICE
with Review Editor, Dr. John Winterdyk

Reviews are published in the language submitted / Les recensions sont publiées dans la langue soumise.

In this new *Justice Report* section, featuring reviews of National Film Board documentaries, Sophie Piché (student at the MRU) reviews the feature film *Conviction* (2019), and Catherine Pandila (student at the MRU) reviews the film *Waseskun* (2016).

Dans cette nouvelle section d'*Actualités Justice*, qui présente des critiques de documentaires produit par l'Office national du film du Canada, Sophie Piché (étudiante à la MRU) fait la critique du long métrage *Conviction* (2019) et Catherine Pandila (étudiante à la MRU) fait la critique du film *Waseskun* (2016).

2019. **Nance Ackerman**, **Ariella Pahlke** & **Teresa MacInnes** (Writers/Directors), Teresa MacInnes & Annette Clarke (Producers). ***CONVICTION*** [Motion Picture]. A Sea to Sea production in co-production with The National Film Board of Canada.

***Trailer:** www.nfb.ca/film/conviction
***Bande-annonce :** www.onf.ca/film/condamnation

REVIEWED BY SOPHIE PICHÉ, Mount Royal University Student, Criminal Justice.

Conviction is a feature-length documentary and winner of the 2019 'Best Atlantic Canadian Filmmaker. This powerful and provocative 78-minute documentary flips convention by providing incarcerated women with cameras to document their lives both in and out of prison – a form of 'interpretive research'. By giving a voice to this oft-voiceless population, the film allows these women to answer a central question posed directly by now-Senator Kim Pate: "What would you have needed to avoid incarceration?". The prisoners bravely reveal insights into cycles of abuse, lack of parenting, affection and education, addiction, problematized personal relationships, mental illness. By giving them a chance to tell their stories, *Conviction* empowers a number of criminalized women to present to lawmakers what form of alternatives to prison might be needed to break these cycles, prevent incarceration, and reduce recidivism.

In the documentary, Senator Pate states it costs at least $100,000 per year to incarcerate one person and that our prisons are simply not designed to meet the needs of the many incarcerated women who have experienced "horrific violence" as children, youth and adults. *Conviction* envisions how these funds could be proactively invested in holistic treatments offered within a housing community (e.g., family-type) having appropriate professional support including recreational and other activities (e.g., rowing, training in coping skills for pain-based behaviour and programs for addiction/mental health issues); and, during a second phase, life/job skills, accessible housing, and transitional follow-up. The holistic nature of the program envisioned by the criminalized women in Conviction is reflected in the name they chose for their model: "From the Ground Up".

2016. **Steve Patry** (Writer/Director) (2016). Nathalie Cloutier, Denis McCready (Producers) & (version française) Colette Loumède. ***WASESKUN*** [Motion Picture]. Canada: **National Film Board of Canada**.

***Trailer:** www.nfb.ca/film/waseskun_en
***Bande-annonce :** https://www.nfb.ca/film/waseskun

REVIEWED BY CATHARINE PANDILA, Mount Royal University Student, Criminal Justice.

A 78-minute feature National Film Board (NFB) documentary, ***Waseskun*** renders personal accounts of the crimes and individual life experiences of incarcerated Indigenous persons at "Waseskun" (a Cree word describing the first light after a storm). The Quebec-based Waseskun Healing Center (1988) offers a holistic-healing/re-entry program alternative to traditional measures of Canadian justice. The Center is affiliated with Correctional Service of Quebec (CSQ) and (one of eight Indigenous Healing Lodges in Canada) with Correctional Service of Canada: www.publicsafety.gc.ca/cnt/rsrcs/pblctns/wsskn-hlng-cntr/index-en.aspx

One poignant aspect of the documentary emerges from the shared undercurrents of childhood abuse, neglect, and intergenerational trauma in stories of incarcerated people and how the associated rejection, abandonment, exclusion and an inability to form or maintain relationships may manifest in deviance: anger, violence, substance abuse, and criminality. This illustrates the importance of foundational relationships, which seem to be missing from the lives of the incarcerated people featured in this film.

Viewers will also be influenced by the artistic cinematographic pauses that permeate the Waseskun documentary. These reflective juxtapositions of nature and prison effectively paint a literal and figurative picture contrasting the need for serenity and restorative healing with the stark reality of correctional living.

CCJA INTERVIEW WITH FIVE OF THE KEY PARTICIPANTS IN *CONVICTION*

NANCY WRIGHT

Conviction is a collaborative documentary film that envisions alternatives to prison through the eyes of women on the inside. The CCJA thanks five of the key participants in Conviction for taking the time for this interview: two of the federally sentenced women who worked with three filmmakers, a senator, and a guard - among other – to envision an alternative to prison and also to imagine what they would have needed in their lives to avoid incarceration. "A microcosm for a worldwide crisis, the film chronicles the women's journeys as they navigate the world inside and outside prison walls, joining advocates and politicians in questioning the ideas of punishment and prison" (Conviction, #Build Communities Not Prisons (www.convictiondocumentary.com).

Ariella Pahlke, *Conviction* Co-Director, Co-Writer & Impact Producer
www.convictiondocumentary.com

ARIELLA PAHLKE

CCJA ◆ The books/films and testimonials about residential schools and now this documentary (Convictions) give people a picture of some young people's lives that most could not have imagined. There are many people trying to help disadvantaged youth through childhood interventions, ranging from school counsellors, family counselling, foster care, group homes, and residential care. ***Please discuss the school-prison pipeline in relation to your documentary***.

ARIELLA PAHLKE ◆ From the day we first met a group of women incarcerated at the *Central Nova Scotia Correctional Institution* five years ago, we heard horror stories about what they had endured as children and youth – often in 'care' – in foster homes, group homes, schools, and juvenile detention centres. It was clear that whatever 'care' and 'welfare' the system offered was often the opposite, not benefitting the women, not meeting their needs in caring and supportive ways, and often leading to harm and the resulting trauma and lack of trust toward authority figures and adults whose role it was to care for them. With noted exceptions – good people who were genuine and supportive – systems set up to care for children and youth frequently ended up perpetuating trauma and exacerbating issues related to poverty, racism, violence, and mental health that children are born into.

Despite the pain caused by these systems, their 'clients' often became institutionalized. Unprepared and lacking the necessary supports to thrive in society, many of the women we met became reliant and dependent on these institutions and structures, ending up in prison – the only 'social service' that can't say no. In *Conviction*, the women documented their

CONVICTION: A Sea to Sea production in co-production with The National Film Board of Canada
Writers/Directors: Nance Ackerman & Ariella Pahlke & Teresa MacInnes
Producers: Teresa MacInnes & Annette Clarke
***Conviction* Website:** www.convictiondocumentary
Distributor & VOD link: National Film Board of Canada - www.nfb.ca/film/conviction / Office national du film du Canada - www.onf.ca/film/condamnation
Streaming on CBC GEM: https://gem.cbc.ca/media/documentary-specials/episode-99/38e815a-01298a55b51

experiences with this revolving door of repeated incarceration, with 'breaks' outside, struggling in communities without adequate supports.

From the beginning, and over the four years we worked on the film, we heard the same things, over and over from women we initially met in prison: 'Nobody ever listened to me,' 'Nobody ever asked my opinion,' 'I never knew what was going on,' 'I never felt loved, cared for, or respected,' 'I just felt like people were doing their jobs for the money,' 'When I did trust an adult, they usually ended up abandoning or betraying me…' Trauma experienced during childhood often turned into a legacy of challenges, betrayals, and fear, reinforced by experiences in systems that are intended to help.

In the recent (September 2, 2020) *Halifax Examiner* article, There was no care, author El Jones outlines excruciating details of one woman's heart-wrenching odyssey through the child welfare system in Nova Scotia, Well worth the read, the story of Fatouma Abdi specifically highlights what isn't working.

> "It is a story of horrific abuse, of systemic failures at all levels, and of a dehumanization and sheer indifference to Black life that is physically painful to read, to hear, to know. And it is also a story of Fatouma's resilience, of a girl and then young woman disbelieved, silenced, and punished over and over again, and who never stopped advocating for herself and her brother."[1]

At the heart of repairing this broken system are the voices of those affected like Fatouma Abdi, and *Conviction* participants including Caitlin Hill, Bianca Mercer, Treena Smith, and Laura Tony – women who have the courage to speak out about injustice and offer ideas for changing the course of how we care for our most vulnerable citizens.

Treena, Bianca, Laura, and Caitlin: Four of the incarcerated women who participated in the brainstorming of the alternative to prison project, From the Ground Up:

TREENA SMITH

CCJA ◆ The *Conviction* documentary in which you were all part of the group of prisoners who brainstormed the idea of an alternative to prison project named *From the Ground Up*. The four of you are also key participants in the documentary, *Conviction*, which gives a picture of some young people's lives that most could not have imagined. There are many people trying to help disadvantaged youth through childhood interventions, ranging from school counsellors, family counseling, foster care, group homes, and residential care. ***What is it you have run into in your life that you believe to be important for young girls to know about…***

TREENA ◆ I believe that if young girls are getting involved in risky behaviours, they should always have a cell phone. People need to know how much discrimination there is against women, and how that affects their self-respect, especially young girls. Young girls need to be aware of their own worth as a woman, and not to allow someone's attention and compliments to lure them into situations. Younger women seem more vulnerable to that.

CCJA ◆ ***What is it you know that most of us do not know, about girls and street life that just might save some lives…***

TREENA ◆ I've seen a lot on the street, but I've never been a street worker. I've hung out with young street workers, and they say they're going off and then if they don't come back on time, I always worry about what might happen to them. Having a cell phone would help. Many girls are out performing sexual favours for under $20. They take a lot of risk and don't get any respect. The payment seems to be getting lower and lower, as prostitution has become normalized. People take advantage of girls and young women, knowing they often just need the money for drugs. Protection, i.e., some mace, could help them. If someone says they're a pimp, they're often not caring about the women at all. They often don't feed them or put them up, or ensure they're safe or clean. It's important for people to not trust someone right away – i.e., before they start taking drugs from them or having sexual encounters, or getting into someone's car. Always let someone know where you are. It would be good for people to have at least one person as professional support, who they trust and can open up to.

CCJA ◆ ***What do you know about from your life that might help people who work in children services or residential care or juvenile prisons or adult women prisons…***

TREENA ◆ If someone's taken from their home, right away they'll have shame and abandonment issues, a lot of self-worth issues, a lot of trauma, and most people who grew up in care end up criminalized, addicted, or incarcerated. If they haven't had help with their early traumatic emotions, they continue to affect them and people end up hurting themselves because they feel they aren't good enough. When the system is all they know, and they do try to fit in somewhere else, like school, a job, or any other 'normal' part of life, you always feel like a black sheep and like you don't belong. For myself, I was just angry and had so much resentment toward my parents for giving me up. After years of not working on those feelings, I started to group all people together, and still now, I have trust issues, and fear of being abandoned.

Being a teenager is hard enough, dealing with emotions etc., but if you're taken away from your family, you need support constantly every day. These people need support everyday, consistently. Meeting once a week isn't good enough. If someone's in the system and then they get out of the system, there needs to be after care – they should be checked in on. This is a huge thing for me. For instance, I have an apartment through a supportive housing program and I have a support worker who meets with me once a week. It took me awhile to start connecting with her and trusting her. Once I started to feel comfortable, she left her job and now I haven't heard anything from her. This might be fine for anyone else, but for me, I feel betrayed, and the support isn't everlasting.

Don't just do your job for a paycheck because we can tell. People that have had so much pain are very intuitive. We can tell if someone's being genuine. I feel like I could use way more support. We're waiting for people to show us love, but often people say they're waiting for me to call. We have a lot of shame asking for help because we fear we'll be let down, over and over again. No matter how much healing we might have done, I feel like that pain will always be there, so there's no amount of help that will completely heal someone. You can guide them, and many will heal partly, but the trauma is always underneath and could affect someone's actions.

BIANCA MERCER

CCJA ◆ ***What is it you have run into in your life that you believe to be important for young girls to know about…***

BIANCA ◆ When I was 16, I met an older man who was 26 and I changed and dropped everything for him. I basically worshipped the ground he walked on and he made me into the person he wanted me to be. By the end of the relationship, I was abused and battered and had to completely find myself again. I was addicted to drugs and spent time in jail. After, I had to find my way back up from rock bottom.

Learning about Self-love and appreciation is important – learning to love yourself before you learn to please men and others. You can't love someone else before you learn to love yourself. Learning to keep your emotions in check (that not everything is the end of the world) is important, and so is setting goals for yourself and completing them, finishing school, and thinking about your future.

CCJA ◆ ***What is it you know that most of us do not know, about girls and street life that just might save some lives…***

BIANCA ◆ I remember hitch hiking once and I got into a man's van and he kept me in his van for hours and kept saying 'I'll take you where you need to go after I run my errands.' It was really uncomfortable and nobody would have known where I was if something happened. The situation didn't end badly, but it could have. Make sure you keep people updated about where you are at all times and keep a daily update of what you're doing and who you're with. Take pictures of license plates and get people's names. Look out for your best interest. Knowing you don't have to do something you don't want to do is really important because you gain respect from others by setting your own boundaries. It's really important for your survival that people know you aren't just going to do something because people tell you to & that people just can't take advantage of you and force you to do things you don't want to do. Make sure you're strong enough emotionally to turn things down because if you get in trouble at the end of the day or in a sticky situation, you'll have to stick up for yourself and have your own back – nobody's going to do that for you.

CCJA ◆ *What do you know from your life that might help people who work in children services or residential care or juvenile prisons or adult women prisons?*

BIANCA ◆ When I was taken into care, the way it was done could have been handled better. When I was first taken into care, I was 7, in grade 3. I was in school during a normal school day, and the whole class was getting ready for a school trip. They pulled me aside and told me I couldn't go on the trip, and they held me in a classroom by myself all day while my classmates were at the Discovery Centre in Halifax. Then a strange person came into the classroom and made me, my older sister, and little brother get into a car. As we were going out to the car, they told us we weren't going home, so we all took off running and the police started chasing us. We all split up and ran in different directions. Then the cops got us and took us to a building with a room with toys and nobody would answer any of our questions or tell us where our mother was. They just left us there, completely emotionally distraught. We were alone to support each other and we were freaking out. It was handled really badly.

I think the parent should be there when children are apprehended – especially the mother - because that would make the child feel more secure and safe. Often the child feels betrayed by school, teachers, police officers. The child needs to be able to maintain trust with key adults in their life. Even now, with my own child, I'm afraid to CPS, the police, or any authorities for support because I fear it would be another traumatizing situation. It would be good to feel comfortable and to trust those people and organizations.

Most important: listen to what the youth and women are saying, to show respect and to bond with them, so they feel comfortable being vulnerable. It's easier for people to open up if they feel like you care and are truly listening. Textbooks and education don't help in real situations if you can't show compassion and vulnerability to connect with the client you're working with at the time. If someone is freaking out or having a breakdown, don't take it personally – it's not about you. You need to be patient. Don't punish them for their breakdown or for acting out. See if they want to have some time on their own, or wait until they come back to you.

SENATOR KIM PATE

CCJA ◆ *Most of the women in Canadian prisons in the last hundred years had/have a history of abuse. The fact that many of today's women in prison experienced "horrific violence" as children, youth, and adults seems to illustrate that social justice issues lead to subsequent criminal justice issues.*

KIM PATE ◆ Most of the women in Canadian prisons in the last hundred years had/have a history of abuse. The fact that many of today's women in prison experienced "horrific violence" as children, youth, and adults seem to illustrate that social justice issues lead to subsequent criminal justice issues.

Decades of eviscerating social, economic and health safety nets in this country has resulted in the marginalization, victimization, criminalization and institutionalization of poor people, those who have experienced trauma and abuse, those who are abandoned to negotiate poverty and trauma on their own, those who are racialized, those who are challenged with disabling intellectual and mental health issues. The depths of Canada's systemic racism is most starkly revealed by the mass incarceration Indigenous and Black Peoples. Rather than creating equitable, accessible programs that remedy the roots of poverty, racism, violence, homelessness, mental health and addictions, we abandon those most impacted to the criminal legal system and allow the prison system to operate with near limitless authority and a lack of accountability.

In terms of human, social and fiscal costs, prisons are the least effective and the most costly means of responding to substantive inequality and injustice. Not only do they fail to address any of the issues of systemic inequality that cause so many people to be criminalized and imprisoned, they in fact reinforce and exacerbate the pre-existing cycles of inequalities and trauma.

According to the Parliamentary Budget Officer, in 2010, the annual cost of incarcerating a woman in a federal penitentiary, taking into account all of the costs, was $348,000. Imagine what that woman could have done with that money, prior to being put in prison.

Programs such as guaranteed livable income, a comprehensive health care system that includes pharma, dental and mental health services and free

post-secondary education have the potential to mend many of the social and economic inequalities in this country, while simultaneously stemming the tide of mass incarceration. Such programs could also provide people with access and choice, rather than despair and increased trauma.

CCJA ◆ ***Conviction does not dwell on after care or pre crisis assistance for women coming from what now is called trauma-based or pain based personal environments. What do you think holds back some women from seeking services from nongovernment organizations such as the Elizabeth Fry Societies for example.***

KIM PATE ◆ There is much evidence of this source available. Unfortunately, I think far too little time is paid to the systemic inequality that gives rise to women being the fastest growing prison population. The film touches on this and urges viewers to dig deeper than merely suggesting pre-or post incarceration programs as a panacea. What may not be obvious from the film is the fact that there are very few programs and services offered within prisons and none that address the systemic remedies needed to provide meaningful and long lasting opportunities for change. Instead, any services or initiatives within the criminal legal system tend to focus on individual responsibility, absent any acknowledgment, much less analysis, of the inequalities that give rise to certain groups being disproportionately criminalized and imprisoned.

TANYA C. BIGNELL, THE PRISON GUARD

CCJA ◆ ***What types of treatment (and by what type of professionals) did alcoholics and drug addicts receive when you worked at Central?***

TANYA ◆ In my ten years (2008-2018) of being employed with the Department of Justice as a Correctional Officer in a Provincial facility only, there wasn't too much there for Inmates to benefit from in the area of programming. It's not that it wasn't taught or offered, its that within the Provincial jail setting, inmates come and go, some are only overnight stays, and some end up staying for years on remand.

I myself have taught programs such as Substance Abuse Management, this program was offered to those who were sentenced and those who were remanded for a sufficient period - as it was not just a one-day course. It would take weeks to complete and, during those weeks, a person or two would slowly drop out - as it was not made mandatory. We have the Methadone program in that facility, but if you are not already on Methadone when you come in, you can't get on it unless seen by a doctor. There were two doctors in our facility tending to over 300 inmates being housed, from which you can understand how difficult of a patient load that would be to see to everyone's needs.

AA and NA programs were offered, by volunteers who came into the facility weekly. These programs are not mandatory, they are offered on a voluntary basis to those who would like to attend.

Programs should be made mandatory and for all who come through the doors. Everyone has underlying issues as to why they got to where they are, whether its abuse, neglect, sexual abuse, intimate partner violence, drug addiction, alcohol addiction, or even just exposure to that lifestyle. People don't just wake up one day and say "hey, today would be a great day to end up in jail". ■

NOTES

1. Jones, EL. (2 Sept. 2020). "There was no care." Available at https://www.halifaxexaminer.ca/featured/there-was-no-care/?fbclid=IwAR1cvhm621EBPeR2NTYW63qQs9ucrDRJv3R_qYcTgMpDV0L2M53SZZYhLlg

RÉSUMÉ

***Conviction* Interview**

Cette entrevue de groupe comprend plusieurs participants importants de *Condamnation* (Conviction), un documentaire produit par Sea to Sea Productions et l'Office national du film du Canada offre un aperçu des enjeux liés à la porte tournante légendaire de la prison. Le documentaire jette un regard scrutateur sur les insuffisances des prisons par rapport aux besoins des délinquants aux prises avec des comportements axés sur la douleur pendant leur incarcération et après leur libération, ce qui évoque un cycle de récidivisme qui alimente le syndrome de porte tournante. Cette entrevue à plusieurs volets, menée par courrier électronique, comprend l'autrice/cinéaste (Ariella Palhke), deux des femmes purgeant une peine fédérale (des participantes « de l'intérieur »), le gardien et la sénatrice Kim Pate. Une courte critique du long métrage *Condamnation* est également présentée dans le présent numéro d'*Actualités Justice*, et l'on renvoie directement au documentaire dans l'un des articles.

The Consequences of Conviction for Imprisoned Women

DR. D. SCHARIE TAVCER
Associate Professor, Mount Royal University (Calgary, AB)

In this article/review, Dr. D. Scharie Tavcer calls for legislative change mandating support following release from prison for those - in particular women - who have had a disproportionate amount of adverse childhood experiences (ACE) and/or victimization as adults. Presenting research and statistics that substantiate the need for trauma-informed approaches for care and treatment, Dr. Tavcer also references a Sea to Sea Productions/National Film Board documentary, Conviction (2019), in which several incarcerated women imagine much-needed changes in carceral and post-carceral treatment.

Crime rates in Canada reached a 30-year low in 2013, yet the number of women being incarcerated continues to rise. It costs an average of $115,000 to maintain a person in a federal institution yet only about $35,000 to do so in the community (Correctional Service Canada, 2019). Racialized, young, impoverished women who struggle with mental health represent the fastest growing prison population as a result of the evisceration of health, social, and education services (Pollack, 2008). Over the last five years, the total number of federally sentenced women has increased by almost 40%. In the past decade, the number of federally sentenced Indigenous women has increased by almost 85% (Zinger, 2019).

The Correctional Investigator Report (June 2019) states that 85% of federally sentenced women have a history of physical abuse, 68% have a history of sexual abuse, and this rate increases to 90% for Indigenous women (Canadian Human Rights Commission, 2019). Furthermore, two-thirds of federally sentenced women are mothers, and approximately 50% of provincially sentenced women and 79% of federally sentenced women do not have a high school diploma, compared to 15% of women in the general population (Correctional Service Canada, 2008).

ACEs AND THE CONSEQUENCES

Adverse Childhood Experiences (ACEs) significantly impact a child's brain development, sometimes leading to problems in adulthood, including impairments in social, educational, and relationship development (Fox et al., 2015; Reavis et al., 2013). We know the realities: police-reported sexual offences are nearly five times higher against female children and youth than against their male counterparts (Conroy, 2019) – and these statistics only include incidents that are reported to official authorities.

We know that experiencing trauma and violence—one time or repeatedly—increases a person's risk of revictimization as well as the likelihood that they will engage in maladaptive coping with drugs and alcohol, sexual exploitation, or crime (Canadian Human Rights Commission, 2003). Of course, there are survivors of ACEs who do not engage in criminality, but they are the exceptions. Then why does society expect offenders to conform to that exception? Society blames and shames female offenders for their maladaptive coping and even though the research confirms they have been harmed by ACEs, we remove them from society into punitive institutions.

THE WOMEN BEHIND *CONVICTION*

In 2019, the National Film Board of Canada (collaborators) released a Sea to Sea Productions documentary titled *Conviction* (Ackerman, Pahlke, & MacInnes, 2019), which explores alternatives to prison through the eyes of women serving time at Central Nova Scotia Correctional Facility, in Dartmouth, Nova Scotia. One of the early scenes is of a group of women sitting around a table discussing what they felt was missing in their lives growing up that led to their criminality.

ENVISIONING AN ENVIRONMENT WITH MULTI-DISCIPLINARY LIFESTYLE-ENGAGEMENT SUPPORTS

As the women speak about how the lack of love and parenting caused them long-lasting pain, the camera pans in on several women whose forearms are scarred from incidents of self-harm. They also talk about a lack of community mental health treatment. But despite all of this, the women work with enthusiasm to envision an alternative to prison – a home filled with support, resources, education, love, treatment.

As promising and hopeful as their willingness and capacity to take part might be, it is not the first time that incarcerated women, and the staff who work with them, have made suggestions about how to improve things and intervene before incarceration. As one of the key participants – Senator Kim Pate, a long-time advocate of women who have been in conflict with the law and who has close ties to the Canadian Association of Elizabeth Fry Societies – notes in *Conviction*, legislators have been given the same message in many forms, many times over the decades: incarcerating traumatized women does not work to stop the cycle of criminality.

A plethora of previously released reports on the subject include the following:

- Creating Choices (1990): The Report of the Task Force on Federally Sentenced Women
- Creating Choices or Repeating History: Canadian Female Offenders and Correctional Reform (1991)
- The Solicitor General's Special Committee on Provincially Incarcerated Women: A Blueprint for Change. Nova Scotia Correctional Services (1992)
- Marginalized: The Aboriginal Women's experience in Federal Corrections (2012)
- Program Strategy for Women Offenders (2004)
- Inside and Out: Women, Prison, and Therapy (2014)
- Gender Responsive Corrections for Women in Canada: The Road to Successful Reintegration Strategy (2017)

These research-informed reports have two things in common: (1) they acknowledge that almost all criminalized women have had adverse childhood experiences that demand the need for trauma-informed approaches in the care and treatment of prisoners, and (2) they advocate for prisons that are rehabilitative instead of retributive.

INSTITUTIONAL REALITIES AND RESPONSES

Unfortunately, federal and provincial institutions have endured funding cuts for decades during this same time period that limit treatment and therapy options, reduce or restrict educational and vocational training, and spiritual and psychological programming. Yet once women are released from prison, we expect them to transform into prosocial, law-abiding, substance-abstaining contributors to society. Can we not see that this equation simply does not make sense?

CURRENT COMMUNITY RELEASE FRAMEWORK & THE REVOLVING DOOR: LEAVING EVERYTHING TO CHANCE

As witnessed several times in *Conviction* (2019), when a woman is released, she exits the institution with the clothes on her back, maybe a plastic-bag worth of items, and a bus ticket to the nearest city. Many women return to prison within weeks (Kouyoumdjian et al., 2018; Scott and Dennis, 2012) because of lack of coping skills, lack of resources, and/or lack of continued care. In *Conviction*, one of the key participant's mother tells us the last time her daughter was released, it was with only five days-worth of medication and no community treatment support arranged. Within a few weeks, her daughter was back in prison. The female correctional officer, who left her position at Nova Scotia Central Institution following the production of the documentary and now works in community services (*Conviction*, 2019), also shares her frustrations about the revolving door of corrections and limited support for the many women in this category of need.

CALLING FOR LEGISLATIVE CHANGE TO MANDATE POST-RELEASE SUPPORT

As evidenced by the 'release' of some of the key participants in *Conviction*, in spite of the level

of risk, there is no law or policy that mandates extended therapy treatment or medication support following release. The prisoner is given any conditions of her release (e.g., abstain from drugs/alcohol, find a job, etc.) and may be told to report to a parole officer. Maybe she has prosocial family to lend a hand or offer a place to live. Maybe she has housing. But even under those rare conditions, success is not guaranteed.

The 'tough on crime' approach of the early 2000s led to funding cuts in staffing, treatment programs, psychologists and psychiatrists, and spiritual and other therapeutic providers and we continue to experience the consequences. The Harper government's agenda, combined with the mandated budget cuts, has not made our communities any safer as the policies are not framed on the evidence of what works to tackle crime and make successful reintegration possible (Comack et al., 2015).

Without change, women will keep being incarcerated because the reasons they commit crimes have not been addressed; they will continue to be released whether they receive treatment or not, and cuts will continue to erode community support. ■

RÉSUMÉ

The Consequences of Conviction for Imprisoned Women

D. SCHARIE TAVCER (PhD)
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Dans cet article ou cette critique, la professeure D. Scharie Tavcer demande un changement législatif visant à rendre obligatoire le soutien après la libération des délinquants au Canada, en particulier les délinquantes qui présentent un nombre disproportionné d'expériences négatives vécues dans l'enfance et de victimisation à l'âge adulte. La professeure Tavcer présente la recherche et les statistiques qui confirment la nécessité d'avoir des approches adaptées aux traumatismes pour les soins et le traitement des délinquants. Elle renvoie à un long métrage coproduit par Sea to Sea Productions et l'Office national du film du Canada, *Conviction* (2019), dans lequel plusieurs femmes purgeant une peine fédérale imaginent les changements grandement nécessaires dans le traitement des délinquants en prison et à leur sortie.

REFERENCES

Canadian Human Rights Commission. (2003). *Protecting their rights: A systematic review of human rights in correctional services for federally sentenced women*. Minister of Public Works and Government Services Canada. https://www.chrc-ccdp.gc.ca/eng/content/protecting-their-rights-systemic-review-human-rights-correctional-services-federally

Conviction. 2019. Ackerman, N., Pahlke, A. & T. MacInnes (Writers/Directors), Teresa MacInnes (Sea to Sea Producer) & Annette Clarke (NFB Producer). Conviction [Motion Picture]. In Co-Production with Sea to Sea Productions Ltd. Canada: National Film Board of Canada.

Correctional Service of Canada (2008). Focus on federal women offenders: High risk, High needs, High profile. https://www.csc-scc.gc.ca/text/pblct/hsbulletin/2008/no1/vol6_no1-2008-eng.pdf

Correctional Service of Canada (2019, January). *CSC Statistics - Key facts and figures*. https://www.csc-scc.gc.ca/publications/005007-3024-en.shtml

Conroy, S. (2019). *Police-reported family violence against children and youth in Canada, 2018*. https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018/01-eng.htm

Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect, 46*, 163-173. https://dx.doi.org/10.1016/j.chiabu.2015.01.011

Fox, B., Pereza, N., Cassa, E., Baglivio, M.T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect, 46*, 163-173. https://dx.doi.org/10.1016/j.chiabu.2015.01.011

Kouyoumdjian F.G., Cheng S.Y., Fung K., et al. (2018). The health care utilization of people in prison and after prison release: A population-based cohort study in Ontario, Canada. *PLoS One, 13*(8). https://dx.doi.org/10.1371/journal.pone.0201592

Pollack, S. (2008). Locked in, Locked out: Imprisoning women in the shrinking and punitive welfare state. https://www.academia.edu/6375218/Locked_In_Locked_Out_Imprisoning_Women_in_the_Shrinking_and_Punitive_Welfare_State

Reavis, J.A., Looman, J., Franco, K.A., & Rojas, B. (2013). Adverse Childhood Experiences [ACE] and Adult Criminality: How long must we live before we possess our own lives. *The Permanente Journal 17*(2): 44–48. https:/dx.doi.org/10.7812/TPP/12-072

Scott, C.K. & M.L. Dennis (2012). The first 90 days following release from jail: Findings from the Recovery Management Checkups for Women Offenders (RMCWO) Experiment. *Drug & Alcohol Dependency 125*(1-2),110–118. https://dx.doi.org/10.1016/j.drugalcdep.2012.03.025; and

Zinger, I. (25 June 2019). *The Correctional Investigator of Canada. Office of the Correctional Investigator Annual Report 2018-2019*. https://www.oci-bec.gc.ca/cnt/

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